Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF FLORIDA		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Troy First name Darwin Middle name Ather Last name and Suffix (Sr., Jr., II, III)	Tina First name Marie Middle name Ather Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0466	xxx-xx-7709

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	tor 1 Troy Darwin Athe tor 2 Tina Marie Ather	r 	Case number (if known)			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. FDBA Paper Loft Designs Business name(s) EINs			
5.	Where you live	1101 S. Black Acre Court Winter Springs, FL 32708	If Debtor 2 lives at a different address:			
		Number, Street, City, State & ZIP Code Seminole	Number, Street, City, State & ZIP Code			
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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	otor 1 otor 2	Troy Darwin Ather Tina Marie Ather	•				Case number (if known)	
Par	rt 2:	Tell the Court About \	our Ban	kruptov Ca	ise			
7.	The G	chapter of the cruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy					
	choo	sing to file under	■ Chap	oter 7				
			☐ Char					
			☐ Char					
			☐ Chap					
			– 0.10,	5101 TO				
8.	How	you will pay the fee	at or	out how yo	ou may pay. Typical attorney is submitti	ly, if you are paying the fee yo	ck with the clerk's office in your local cour ourself, you may pay with cash, cashier's alf, your attorney may pay with a credit ca	check, or money
					y the fee in installi ee in Installments (C		on, sign and attach the Application for Inc	dividuals to Pay
			☐ Ir bu ap	equest that it is not requiplies to you	at my fee be waive uired to, waive you ur family size and y	d (You may request this option fee, and may do so only if you are unable to pay the fee i	on only if you are filing for Chapter 7. By labour income is less than 150% of the official in installments). If you choose this option,	al poverty line that you must fill out
			un	е Арріісаці	on to mave the Cha _l	oter / Filling Fee walved (Onli	cial Form 103B) and file it with your petition	JII.
9.	bank	you filed for ruptcy within the	■ No.					
	last 8	3 years?	☐ Yes.	D:		NA (1		
				District				
				District		When When	Case number Case number	
				District		wrien	Case number	
10.	Are a	any bankruptcy	■ No					
	filed not f you,	s pending or being by a spouse who is iling this case with or by a business her, or by an ate?	☐ Yes.					
				Debtor			Relationship to you	
				District		When	Case number, if known	
				Debtor			Relationship to you	
				District		When	Case number, if known	
11.		ou rent your lence?	■ No.	Go to I	ine 12.			
	16910		☐ Yes.	Has yo	our landlord obtaine	d an eviction judgment agains	st you?	
					No. Go to line 12.			
					Yes. Fill out <i>Initial</i> this bankruptcy pe		Judgment Against You (Form 101A) and	file it as part of

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	otor 1 Troy Darwin Athe otor 2 Tina Marie Ather	r		Case number (if known)			
Par	t 3: Report About Any Bu	ısinesses	You Own as a Sole Proprie	tor			
12.	Are you a sole proprietor of any full- or part-time						
	business?	☐ Yes.	Name and location of bus	siness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, Sta	te & ZIP Code			
	it to this petition.		Check the appropriate bo	ox to describe your business:			
			☐ Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))			
			☐ Single Asset Rea	Estate (as defined in 11 U.S.C. § 101(51B))			
			☐ Stockbroker (as o	lefined in 11 U.S.C. § 101(53A))			
			☐ Commodity Broke	er (as defined in 11 U.S.C. § 101(6))			
			☐ None of the above	е			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline: operation	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).				
	For a definition of small	No.	I am not filing under Chap	oter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy			
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	t 4: Report if You Own or	· Have Any	Hazardous Property or An	y Property That Needs Immediate Attention			
14.	Do you own or have any property that poses or is alleged to pose a threat of immediate	■ No.	What is the hazard?				
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?				
				Number, Street, City, State & Zip Code			

	tor 1 Troy Darwin Ather tor 2 Tina Marie Ather	r					Case number (if known)			
Par	t 5: Explain Your Efforts t	to Re	ceive	a Briefing About Credit Counseling						
		Abo	out De	btor 1:		Abo	out Debtor 2 (Spouse Only in a Joint Case):			
15.	Tell the court whether you have received a briefing about credit counseling.	You	I rece coun filed	check one: eived a briefing from an approved credit seling agency within the 180 days before I this bankruptcy petition, and I received a ficate of completion.		You	I must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.			
	The law requires that you receive a briefing about credit counseling before you file for bankruptcy.			h a copy of the certificate and the payment if any, that you developed with the agency.			Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.			
	You must truthfully check one of the following choices. If you cannot do so, you are not eligible to		coun filed	eived a briefing from an approved credit seling agency within the 180 days before I this bankruptcy petition, but I do not have tificate of completion.			I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.			
	file. If you file anyway, the court can dismiss your case, you		petitio	n 14 days after you file this bankruptcy on, you MUST file a copy of the certificate and nent plan, if any.			Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.			
	will lose whatever filing fee you paid, and your creditors can begin collection activities again.		servi unab days circu	cify that I asked for credit counseling ces from an approved agency, but was alle to obtain those services during the 7 after I made my request, and exigent mstances merit a 30-day temporary waiver			I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.			
			To as requi what you v	e requirement. sk for a 30-day temporary waiver of the rement, attach a separate sheet explaining efforts you made to obtain the briefing, why were unable to obtain it before you filed for ruptcy, and what exigent circumstances			To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.			
			requi Your	red you to file this case. case may be dismissed if the court is			Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.			
			briefing If the still response Your agen	dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you			If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.			
						developed, if any. If you do not do so, your case may be dismissed.				Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
				only f days.			_			
		П		not required to receive a briefing about it counseling because of:			I am not required to receive a briefing about credit counseling because of:			
				Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.			Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.			
				Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.			Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.			
				Active duty. I am currently on active military duty in a military combat zone.			Active duty. I am currently on active military duty in a military combat zone.			

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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	tor 1 Troy Darwin Athe tor 2 Tina Marie Ather	r 			Case number (if known)				
Part	6: Answer These Quest	ions for R	eporting Purposes						
16.	What kind of debts do you have?	16a.	Are your debts primarily of individual primarily for a per			efined in 11 U.S.C. § 101(8) as "inco	urred by an		
			■ No. Go to line 16b.						
			☐ Yes. Go to line 17.						
		16b.	Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
			☐ No. Go to line 16c.	☐ No. Go to line 16c.					
			Yes. Go to line 17.						
		16c.	State the type of debts you	owe that are not consur	mer debts or busin	ess debts	_		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapte	er 7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and	■ Yes.		I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	administrative expenses are paid that funds will		□ No						
	be available for distribution to unsecured creditors?		■ Yes						
18.	How many Creditors do	1 -49		1 ,000-5,000		□ 25,001-50,000			
	you estimate that you owe?	□ 50-99		☐ 5001-10,000		☐ 50,001-100,000			
		□ 100-1 □ 200-9		□ 10,001-25,0	00	☐ More than100,000			
19.	How much do you estimate your assets to	□ \$0 - \$	-	□ \$1,000,001		□ \$500,000,001 - \$1 billion			
	be worth?		01 - \$100,000 001 - \$500,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million		□ \$1,000,000,001 - \$10 bi □ \$10,000,000,001 - \$50 b			
		□ \$500,001 - \$1 million		□ \$100,000,001 - \$500 million		☐ More than \$50 billion	J		
20.	How much do you	□ \$0 - \$,	□ \$1,000,001		☐ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?		001 - \$100,000 001 - \$500,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million		□ \$1,000,000,001 - \$10 b □ \$10,000,000,001 - \$50			
			001 - \$300,000 001 - \$1 million)1 - \$500 million	☐ More than \$50 billion	DIIIIOII		
Part	: 7: Sign Below								
For	you	I have ex	amined this petition, and I de	eclare under penalty of p	perjury that the info	ormation provided is true and correc	rt.		
						e, under Chapter 7, 11,12, or 13 of choose to proceed under Chapter 7			
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).							
		I request	relief in accordance with the	chapter of title 11, Unite	ed States Code, sp	pecified in this petition.			
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 151 and 3571.							
		/s/ Troy	Darwin Ather		/s/ Tina Marie				
			arwin Ather e of Debtor 1		Tina Marie Ath Signature of Deb				
		Executed	May 22, 2019 MM / DD / YYYY		Executed on N	lay 22, 2019 IM / DD / YYYY			

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Debtor 1 Debtor 2 Troy Darwin Ather Tina Marie Ather)r 	Cas	se number (if known)
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Unit for which the person is eligible. I also certify	ed States Code, and have entered to the o	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect.	s, certify that I have no know	vledge after an inquiry that the information in the
. 5	/s/ David R. McFarlin	Date	May 22, 2019
	Signature of Attorney for Debtor		MM / DD / YYYY
	David R. McFarlin 328855 Printed name		
	Fisher Rushmer, P.A.		
	Firm name		
	390 North Orange Avenue Suite 2200		
	Orlando, FL 32801-1642		
	Number, Street, City, State & ZIP Code		
	Contact phone 407-843-2111	Email address	dmcfarlin@fisherlawfirm.com
	328855 FL		
	Bar number & State		

Certificate Number: 15557-FLM-CC-032821695



CERTIFICATE OF COUNSELING

I CERTIFY that on May 15, 2019, at 7:50 o'clock AM EDT, Troy Ather received from Urgent Credit Counseling, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Middle District of Florida, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: May 15, 2019 By: /s/Jeremy Phillips

Name: Jeremy Phillips

Title: Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

Certificate Number: 15557-FLM-CC-032820880



CERTIFICATE OF COUNSELING

I CERTIFY that on May 14, 2019, at 11:02 o'clock PM EDT, Tina Ather received from Urgent Credit Counseling, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Middle District of Florida, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: May 14, 2019 By: /s/Jeremy Phillips

Name: Jeremy Phillips

Title: Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

		Case 0.13	DK-03300-CC3	DOC 1 Hed 03/22/19 Fage 10	01 03	
Fill	in this inform	ation to identify your	case:			
Deb	otor 1	Troy Darwin Athe	er			
Dob	otor 2	First Name Tina Marie Ather	Middle Name	Last Name		
	use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Ban	kruptcy Court for the:	MIDDLE DISTRICT O	F FLORIDA		
Cas	e number					
(if kno	own)					k if this is an nded filing
						Ü
Off	ficial For	m 106Sum				
			and Liabilities a	and Certain Statistical Information	า	12/15
infor your	rmation. Fill o original form	ut all of your schedule is, you must fill out a	es first; then complete	le are filing together, both are equally responsible the information on this form. If you are filing ame ck the box at the top of this page.		
Part	Summa	rize Your Assets				
					Your a	assets of what you own
1.	Schedule A/ 1a. Copy line	B: Property (Official Fo	orm 106A/B) rom Schedule A/B		. \$	320,000.00
	1b. Copy line	62, Total personal pro	perty, from Schedule A/E	3	\$	55,470.78
	1c. Copy line	63, Total of all property	y on Schedule A/B		. \$	375,470.78
Part	2: Summa	rize Your Liabilities				
						iabilities nt you owe
2.			laims Secured by Proper mn A, Amount of claim, a	ty (Official Form 106D) at the bottom of the last page of Part 1 of <i>Schedule D</i> .	\$	486,648.68
3.			Unsecured Claims (Offic 1 (priority unsecured clai	ial Form 106E/F) ims) from line 6e of <i>Schedule E/F.</i>	\$	0.00
	3b. Copy the	e total claims from Part	2 (nonpriority unsecured	claims) from line 6j of Schedule E/F	\$	16,594.61
				Your total liabiliti	es \$	503,243.29
Part	t 3: Summa	rize Your Income and	Expenses			
4.	Schedule I: Y	our Income (Official Fo	orm 106I)			
				le I	. \$	10,280.31
5.	Schedule J: 'Copy your me	Your Expenses (Official onthly expenses from li	Form 106J) ne 22c of <i>Schedule J</i>		\$	7,169.96
Part	4: Answer	These Questions for	Administrative and Sta	atistical Records		
6.	-	•	er Chapters 7, 11, or 13 on this part of the form.	? Check this box and submit this form to the court with	your other so	hedules.
7.	■ Yes What kind of	f debt do you have?				

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Debtor 2	Troy Darwin Ather Tina Marie Ather	Case number (if known)	
	m the <i>Statement of Your Current Monthly Income</i> : Cop A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Li		\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	al claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	Case o.	.19-DK-0336	5U-CC	23 DOC 1 Filed 05/22/19	Page 12 0	1 03	
Fill in this infor	mation to identify y	our case and th	is filing	g:			
Debtor 1	Troy Darwin A	Ather					
	First Name		Name	Last Name			
Debtor 2 (Spouse, if filing)	Tina Marie At		Name	Last Name			
United States Ba	ankruptcy Court for t	he: MIDDLE DI	ISTRIC ¹	T OF FLORIDA			
_	, .,						
Case number _							Check if this is an amended filing
O#:-:-1	400 A /D						
_	orm 106A/B						
<u>Scheaui</u>	<u>e A/B: Pro</u>	operty					12/15
	have any legal or equ			Estate You Own or Have an Interest In lence, building, land, or similar property?			
1.1 1101 S. B	lack Acre Court		What	t is the property? Check all that apply			
	Street address, if available, or other description			Single-family home Duplex or multi-unit building Condominium or cooperative	the amount of any	secured cla	or exemptions. Put aims on Schedule D: Secured by Property.
M					Current value of t	he C	urrent value of the
Winter Sp	orings FL State	32708-0000 ZIP Code			entire property? \$320,000	-	ortion you own? \$320,000.00
Oity	Otate	Zii Gode			-		
				Other	(such as fee simp	ole, tenanc	ownership interest y by the entireties, or
			Who	has an interest in the property? Check one Debtor 1 only	a life estate), if kr Fee simple	own.	
Seminole				Debtor 2 only			
County					— Chook if this	is sommu	nity property
				At least one of the debtors and another	(see instructions		nity property
				r information you wish to add about this iten erty identification number:	n, such as local		
			Leg Lot reco	al Description: 6, Block A, Winter Springs, accord orded in Plat Book 15. Pages 81 and ninole County, Florida			
				your entries from Part 1, including any er here			\$320,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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	tor 1 Troy Darwin Ather Tina Marie Ather			Case number ((if known)	
3. C a	ars, vans, trucks, tractors, sp	oort utility veh	icles, motorcycles			
	No					
	Yes					
3.1	Tourston		Who has an interest in the property? Check one	the amo	unt of any secure	aims or exemptions. Put d claims on Schedule D:
	Year: 2011 Approximate mileage:	98,000	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	Current	value of the	Current value of the portion you own?
	Other information:		☐ At least one of the debtors and another	onino p	. opony .	portion you own.
	VIN: 5TFFY5F16BX1131 (minor scratches; broke on back light)	l l	☐ Check if this is community property (see instructions)		\$16,000.00	\$16,000.00
3.2	Make: Infiniti Model: QX50		Who has an interest in the property? Check one Debtor 1 only	the amo	unt of any secure	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.
	Year: 2017		☐ Debtor 2 only		value of the	Current value of the
	Approximate mileage: Other information:	24,000	■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	entire p	roperty?	portion you own?
	VIN: JN1BJ0RP9HM382	784	☐ Check if this is community property		\$21,000.00	\$21,000.00
			for all of your entries from Part 2, includin			\$37,000.00
Part	3: Describe Your Personal and	Household Iter	ns			
			erest in any of the following items?		,	Current value of the portion you own? On not deduct secured claims or exemptions.
	ousehold goods and furnishing in the state of the state o		china, kitchenware			.a
-						
	Hous	sehold good	s and furnishings as listed on the atta	ached exhibit		\$2,926.00
E	lectronics Examples: Televisions and radio including cell phones		o, stereo, and digital equipment; computers, pedia players, games	orinters, scanners	; music collection	ons; electronic devices
_	Yes. Describe					
	\$50; print \$50;	2 computers er \$25; 2 DV) \$150; 55" TV (7 yrs old) \$100; 48" TV s (Macbook & 15-yr-old Mac desktop) D players \$20; 2 video cameras (7 & 1 S (6+ yrs old) \$10; surround sound sys	\$300; HP 12 yrs old)		\$765.00

Official Form 106A/B Schedule A/B: Property page 2

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Debtor 1 Debtor 2	Troy Darwin Ather Tina Marie Ather Case number	「 (if known)
Exam _p □ No	 ibles of value iles: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; st other collections, memorabilia, collectibles Describe 	tamp, coin, or baseball card collections;
_ 100	Miscellaneous books \$75; DVDs \$100; CDs \$15	\$190.00
Exam _p □ No	nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skie musical instruments Describe 2 bikes \$125; tool chest with various power & hand tools \$200; fishing poles \$50; beach umbrella & 5 chairs \$25; kayak \$75; golf clubs with bag (15+ yrs old) \$50; bag with baseball equipment \$10; deer stand \$10	
□ No	ms ples: Pistols, rifles, shotguns, ammunition, and related equipment Describe	
	Smith & Wesson M&P, with 1 box of ammo	\$150.00
□ No	ples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe	7 2450.00
☐ No	ples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watche	\$150.00 es, gems, gold, silver
■ Yes	2 Apple watches \$100; 2 Fossil watches \$20; Invicta watch (broken) \$0; 1-carat platinum wedding ring \$125; platinum wedding band \$30; costume jewelry \$25; men's ring \$5; 2 sets of small diamond/cubic zirconia stud earrings \$10; jewelry box \$10	\$325.00
Exan □ No	arm animals uples: Dogs, cats, birds, horses Describe	
	2 dogs	\$0.00
14. Any c □ No	ther personal and household items you did not already list, including any health aids you did	not list
	Give specific information	
	Crutches \$5; various braces for knee, wrist and hand \$10; personal hygiene & household products \$15	\$30.00

Official Form 106A/B Schedule A/B: Property

page 3

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	roy Darwin Ather ina Marie Ather	r	Case number (if known)	
			3, including any entries for pages you have attached	\$5,081.00
Part 4: Doscrii	be Your Financial Ass	cote		
		r equitable interest in an	y of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No		your wallet, in your home	e, in a safe deposit box, and on hand when you file your petition	on
			Cash	\$177.45
17. Deposits of Examples □ No ■ Yes	: Checking, savings, institutions. If you h		ts; certificates of deposit; shares in credit unions, brokerage has the same institution, list each. Institution name:	nouses, and other similar
	17.1	1. Checking #3859	Wells Fargo	\$1,918.28
	17.2	2. Savings #3047	Wells Fargo	\$57.18
	17.3	3. Savings #5399	Wells Fargo	\$117.71
	17.4	4. Savings #1260	Fairwinds Credit Union	\$5.00
	17.5	5. Checking #2127	Fairwinds Credit Union	\$6.63
	17.6	6. Savings #4347	Fairwinds Credit Union	\$0.00
	17.7	7. Checking #0070	Wells Fargo	\$25.00
	17.8	3. Savings #5445	Insight Credit Union	\$0.00
	utual funds, or pub : Bond funds, investi		rage firms, money market accounts	
☐ Yes		Institution or issuer nar	ne:	
19. Non-public joint vent ■ No		d interests in incorpora	ted and unincorporated businesses, including an interes	t in an LLC, partnership, and
		on about them		
Official Form 10		lame of entity:	% of ownership: Schedule A/B: Property	page 4

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Debtor 1 Debtor 2	•		Case number (if known)	
Neg	otiable instruments include person- negotiable instruments are thos	onal checks, cashi	iable and non-negotiable instruments iers' checks, promissory notes, and money orders. sfer to someone by signing or delivering them.	
■ Ye	s. Give specific information about Issuer r			
		movie gift card	i	\$4.00
	•	Keogh, 401(k), 40	3(b), thrift savings accounts, or other pension or profit-sharing plans	
■ Ye	s. List each account separately. Type of ac	ccount:	Institution name:	
	IRA #778	39	Charles Schwab	\$4,717.97
	IRA #04 ⁻	16	Charles Schwab	\$1,593.44
	Profit-Sł	naring Plan	Submerge Subs, Inc. Retirement Plan (\$250,000 - balance as of 12/31/17); owns 100% of Submerge Subs, Inc.	Unknown
You <i>Exa</i> ■ No	mples: Agreements with landlord	u have made so t	that you may continue service or use from a company ublic utilities (electric, gas, water), telecommunications companies, or oth Institution name or individual:	ers
23. Annı ■ No		ayment of money	to you, either for life or for a number of years)	
	s Issuer name ar	nd description.		
	S.C. §§ 530(b)(1), 529A(b), and		alified ABLE program, or under a qualified state tuition program.	
_		e and description.	Separately file the records of any interests.11 U.S.C. § 521(c):	
	Florida Prep	aid, for son Tre	evor Ather	\$4,767.12
25. Trus	, ·	s in property (oth	ner than anything listed in line 1), and rights or powers exercisable f	or your benefit
■ Ye	s. Give specific information abo	ut them		
	Po	wer of attorney	and 1/4 beneficiary of stepmom's will	Unknown
	Tru	stees of Subm	erge Subs Inc. Retirement Plan	\$0.00
	•		d other intellectual property s from royalties and licensing agreements	
	s. Give specific information abo	ut them		
	, ,,		s rrative association holdings, liquor licenses, professional licenses	
	orm 106A/B		Schedule A/B: Property	page 5

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Debtor 1 Debtor 2	Troy Darwin Ather Tina Marie Ather		Case number (if known)	
■ Yes	. Give specific information ab	out them		
		ranchise with J S Subs, LLC to oper estaurant	ate a "Jon Smith Subs"	Unknown
	М	embership license with Gold Canyo	n Candles	\$0.00
Money or	r property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	efunds owed to you . Give specific information abo	out them, including whether you already file	d the returns and the tax years	
■ No		limony, spousal support, child support, mai	ntenance, divorce settlement, property	y settlement
Exam		ou vinsurance payments, disability benefits, si vou made to someone else	ck pay, vacation pay, workers' compe	ensation, Social Security
		Unpaid Ioan from Submerge Sul 12/31/18- \$411,026)	os, Inc. (total loan as of	Unknown
		Possible unpaid wages from Su	bmerge Subs, Inc.	Unknown
Exam □ No		insurance; health savings account (HSA);	credit, homeowner's, or renter's insura	nce
■ Yes	•	ny of each policy and list its value. any name:	Beneficiary:	Surrender or refund value:
	Term	life insurance with State Farm	Stearns Bank, NA	\$0.00
		life insurance with Lincoln ncial Group, through employer	Tina Ather	\$0.00
If you some		ue you from someone who has died trust, expect proceeds from a life insuranc	e policy, or are currently entitled to rec	eive property because
Exam □ No -		ther or not you have filed a lawsuit or m. disputes, insurance claims, or rights to sue		

Official Form 106A/B Schedule A/B: Property page 6

Debtor 1 Debtor 2	Troy Darwin Ather Tina Marie Ather		Case number (if known)	
	Possik	ole claim against franchisor, J S Si	ubs, LLC/UFG	Unknown
34 Othe	r contingent and unliquidated claims of	every nature, including counterclaims	of the debtor and rights to set of	f claims
o⊣. Cilic ■ No	oritingent and anniquidated stands of	every mature, mordaning obtained	of the debter and rights to set of	· olamis
☐ Ye	s. Describe each claim			
35. Anv 1	inancial assets you did not already list			
■ No	•			
☐ Ye	s. Give specific information			
	I the dollar value of all of your entries fr Part 4. Write that number here		ges you have attached	\$13,389.78
Part 5:	Describe Any Business-Related Property You	Own or Have an Interest In. List any real es	tate in Part 1.	
37. Do yo	u own or have any legal or equitable interest	in any business-related property?		
■ No.	Go to Part 6.			
☐ Yes.	Go to line 38.			
I	Describe Any Farm- and Commercial Fishing- f you own or have an interest in farmland, list it in ou own or have any legal or equitable in	n Part 1.		
■ N	o. Go to Part 7.			
ПΥ	es. Go to line 47.			
Part 7:	Describe All Property You Own or Have a	an Interest in That You Did Not List Above		
	ou have other property of any kind you on the mples: Season tickets, country club members			
■ No				
☐ Ye	s. Give specific information			
54. Add	I the dollar value of all of your entries fr	om Part 7. Write that number here		\$0.00
	·			75355
Part 8:	List the Totals of Each Part of this Form			
55. Par	t 1: Total real estate, line 2			\$320,000.00
56. Par	t 2: Total vehicles, line 5	\$37,000.00		
57. Par	t 3: Total personal and household items	s, line 15 \$5,081.00		
	t 4: Total financial assets, line 36	\$13,389.78		
	t 5: Total business-related property, line			
	t 6: Total farm- and fishing-related prop			
61. Par	t 7: Total other property not listed, line	54 + \$0.00		
62. Tot	al personal property. Add lines 56 throug	h 61 \$55,470.78	Copy personal property total	\$55,470.78
63. Tot	al of all property on Schedule A/B. Add	line 55 + line 62		\$375,470.78

Official Form 106A/B Schedule A/B: Property page 7

HOUSEHOLD GOODS	
Master Bedroom	\$300
King Bed	
2 Nightstands	
Dresser	
Chest of Drawers	
Family Room	\$300
2 Sofas	
Loveseat	
Coffee Table	
2 End Tables	
Dining Room	\$300
Table	
8 Chairs	
Patio	\$200
Patio Sofa	•
2 Chairs	
Coffee Table	
Bedroom 1	\$100
Desk	7
Small Bookcase	
Bedroom 2	\$200
Full Bed	Ψ200
Dresser	
Small Chest of Drawers	
Nightstand	
Bedroom 3	\$100
3 Small Bookcases	7100
Chest of Drawers	
Office Space	\$75
Small Desk	\$75
Bookcase	
Kitchen	
	¢100
Dishes/Pots/Pans/Flatware	\$100
Toaster	\$5 \$20
Microwave	\$20
Buffet Cabinet	\$100
Rolling Cart	\$20
3 Plastic Tables	\$25
12 Plastic Chairs	\$36
4 Area Rugs	\$60
4 Adirondack Chairs	\$100
6 Lamps	\$60

5 Barstools	\$50
4 Metal Shelves (rusted)	\$5
Washer/Dryer (6+ yrs old)	\$200
Lawn Mower	\$125
Pressure Washer	\$75
Blower	\$50
Weed Eater	\$50
Yard Tools	\$20
Linens/Towels	\$25
Christmas Decorations	\$75
Paper Craft Storage & Supplies	\$50
Miscellaneous Knickknacks, Wall & Table	\$100
Décor, Floral Arrangements & Photo Frames	
TOTAL	\$2,926

Fill in this inform	mation to identify your	case:		
Debtor 1	Troy Darwin Athe	r		
	First Name	Middle Name	Last Name	
Debtor 2	Tina Marie Ather			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	inkruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA	
Case number				
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Check only one box for each exemption. Schedule A/B			
2011 Toyota Tundra 98,000 miles VIN: 5TFFY5F16BX113137 (minor scratches; broken cover on back light) Line from <i>Schedule A/B</i> : 3.1	\$16,000.00	□ 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(1)	
2011 Toyota Tundra 98,000 miles VIN: 5TFFY5F16BX113137 (minor scratches; broken cover on back light) Line from Schedule A/B: 3.1	\$16,000.00	□ 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)	
2017 Infiniti QX50 24,000 miles VIN: JN1BJ0RP9HM382784 Line from Schedule A/B: 3.2	\$21,000.00	□ 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(1)	
Household goods and furnishings as listed on the attached exhibit Line from <i>Schedule A/B</i> : 6.1	\$2,926.00	□ 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)	

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Troy Darwin Ather Debtor 1 **Tina Marie Ather** Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 65" TV (3 yrs old) \$150; 55" TV (7 yrs \$765.00 Fla. Stat. Ann. § 222.25(4) old) \$100; 48" TV (8 yrs old) \$50; 2 100% of fair market value, up to computers (Macbook & 15-yr-old Mac any applicable statutory limit desktop) \$300; HP printer \$25; 2 DVD players \$20; 2 video cameras (7 & 12 yrs old) \$50; Nintendo DS (6+ yrs old) \$10; surround sound system \$40; Line from Schedule A/B: 7.1 Miscellaneous books \$75; DVDs Fla. Stat. Ann. § 222.25(4) \$190.00 \$100; CDs \$15 100% of fair market value, up to Line from Schedule A/B: 8.1 any applicable statutory limit 2 bikes \$125; tool chest with various Fla. Stat. Ann. § 222.25(4) \$545.00 power & hand tools \$200; fishing 100% of fair market value, up to poles \$50; beach umbrella & 5 chairs any applicable statutory limit \$25; kayak \$75; golf clubs with bag (15+ yrs old) \$50; bag with baseball equipment \$10; deer stand \$10 Line from Schedule A/B: 9.1 Fla. Stat. Ann. § 222.25(4) Smith & Wesson M&P, with 1 box of \$150.00 ammo 100% of fair market value, up to Line from Schedule A/B: 10.1 any applicable statutory limit Assorted clothing, shoes and Fla. Stat. Ann. § 222.25(4) \$150.00 accessories 100% of fair market value, up to Line from Schedule A/B: 11.1 any applicable statutory limit 2 Apple watches \$100; 2 Fossil Fla. Stat. Ann. § 222.25(4) \$325.00 watches \$20; Invicta watch (broken) \$0; 1-carat platinum wedding ring 100% of fair market value, up to any applicable statutory limit \$125; platinum wedding band \$30; costume jewelry \$25; men's ring \$5; 2 sets of small diamond/cubic zirconia stud earrings \$10; jewelry box \$10 Line from Schedule A/B: 12.1 Crutches \$5; various braces for knee, \$30.00 Fla. Stat. Ann. § 222.25(4) wrist and hand \$10; personal 100% of fair market value, up to hygiene & household products \$15 any applicable statutory limit Line from Schedule A/B: 14.1 Cash Fla. Const. art. X, § 4(a)(2) \$177.45 П Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit Checking #3859: Wells Fargo Fla. Const. art. X, § 4(a)(2) \$1,918.28 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit

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Debtor 1 Troy Darwin Ather Debtor 2 Tina Marie Ather			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from		ount of the exemption you claim	Specific laws that allow exemption
Checking #3859: Wells Fargo	Schedule A/B \$1,918.28			Fla. Stat. Ann. § 222.25(4)
Line from Schedule A/B: 17.1	Ψ1,010.20	■	100% of fair market value, up to any applicable statutory limit	· · · · · · · · · · · · · · · · · · ·
Checking #3859: Wells Fargo	\$1,918.28			Fla. Stat. Ann. § 222.11
Line from Schedule A/B: 17.1		•	100% of fair market value, up to any applicable statutory limit	
Savings #3047: Wells Fargo Line from Schedule A/B: 17.2	\$57.18			Fla. Const. art. X, § 4(a)(2)
Line from Schedule A/B: 17.2		•	100% of fair market value, up to any applicable statutory limit	
Savings #5399: Wells Fargo Line from Schedule A/B: 17.3	\$117.71			Fla. Const. art. X, § 4(a)(2)
Line Irom Schedule A/B. 11.3			100% of fair market value, up to any applicable statutory limit	
Savings #1260: Fairwinds Credit Union	\$5.00			Fla. Const. art. X, § 4(a)(2)
Line from Schedule A/B: 17.4			100% of fair market value, up to any applicable statutory limit	
Checking #2127: Fairwinds Credit Union	\$6.63			Fla. Stat. Ann. § 222.25(4)
Line from Schedule A/B: 17.5			100% of fair market value, up to any applicable statutory limit	
Checking #0070: Wells Fargo Line from Schedule A/B: 17.7	\$25.00			Fla. Const. art. X, § 4(a)(2)
Life Holli Schedule PAB. 17.1			100% of fair market value, up to any applicable statutory limit	
IRA #7789: Charles Schwab Line from Schedule A/B: 21.1	\$4,717.97		Full value	Fla. Stat. Ann. § 222.21(2)
Ellie IIolii osiloddio 702. 2111			100% of fair market value, up to any applicable statutory limit	
IRA #0416: Charles Schwab Line from Schedule A/B: 21.2	\$1,593.44		Full value	Fla. Stat. Ann. § 222.21(2)
Ellie Holli osiloddio 702. 2 112			100% of fair market value, up to any applicable statutory limit	
Profit-Sharing Plan: Submerge Subs, Inc. Retirement Plan (\$250,000 -	Unknown		Full value	Fla. Stat. Ann. § 222.21(2)
balance as of 12/31/17); owns 100% of Submerge Subs, Inc. Line from Schedule A/B: 21.3			100% of fair market value, up to any applicable statutory limit	
Florida Prepaid, for son Trevor Ather Line from Schedule A/B: 24.1	\$4,767.12		Full value	Fla. Stat. Ann. § 222.22
			100% of fair market value, up to any applicable statutory limit	
Possible unpaid wages from	Unknown		Full value	Fla. Stat. Ann. § 222.11
Submerge Subs, Inc. Line from Schedule A/B: 30.2			100% of fair market value, up to any applicable statutory limit	

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Debtor 1 Debtor 2		by Darwin Ather na Marie Ather	Case number (if known)	
	•	claiming a homestead exemption of more than \$170,350? o adjustment on 4/01/22 and every 3 years after that for cases filed on or	after the date of adjustment.)	
-				
	Yes.	Did you acquire the property covered by the exemption within 1,215 day	s before you filed this case?	
		No		
	П	Yes		

		Case 0.1.	9-DK-03300-CC3	USIZZIIS Fa	ge 23 01 03	
Fill	in this inforr	nation to identify you	ır case:			
Deb	otor 1	Troy Darwin Atl	her			
Deb	otor 2	First Name Tina Marie Athe	Middle Name Last Name			
	use if, filing)	First Name	Middle Name Last Name		-	
Unit	ted States Ba	nkruptcy Court for the	MIDDLE DISTRICT OF FLORIDA		-	
Cas	e number					
(if kno	own)				_	if this is an led filing
						iou iiiiig
	<u>icial Forn</u>					
Sc	hedule	D: Creditors	Who Have Claims Secure	d by Propert	<u>у</u>	12/15
is ne		Additional Page, fill it	If two married people are filing together, both are e out, number the entries, and attach it to this form. O			
	, ,	have claims secured by	y your property?			
	☐ No. Check	this box and submit t	his form to the court with your other schedules.	You have nothing else t	o report on this form.	
	Yes. Fill in	all of the information	below.	-		
Pari		II Secured Claims	20.0			
			more than one secured claim, list the creditor separatel	Column A	Column B	Column C
for e	ach claim. If m	ore than one creditor has	s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion
2.1	BB&T		Describe the property that secures the claim:	\$183,406.00	\$320,000.00	If any \$0.00
	Creditor's Nam	е	1101 S. Black Acre Court Winter Springs, FL 32708 Seminole County Legal Description: Lot 6, Block A, Winter Springs, according to the map or plat thereof as recorded in Plat Book 15. Pages 81 and 82, of the Public Records of			
	MSCR De PO Box 3	3007	As of the date you file, the claim is: Check all that apply.			
	Horatio, S	;, City, State & Zip Code	☐ Contingent ☐ Unliquidated			
	Number, Officer	, Oily, State & Zip Oode	☐ Disputed			
Who	o owes the de	ebt? Check one.	Nature of lien. Check all that apply.			
	Debtor 1 only		■ An agreement you made (such as mortgage or se	ecured		
	Debtor 2 only		car loan)			
_	Debtor 1 and De		Statutory lien (such as tax lien, mechanic's lien)			
_		he debtors and another laim relates to a	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
	community de		— Other (including a right to onset)			

Date debt was incurred 03/11/13

1546

Last 4 digits of account number

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Debtor 1 Troy Darw	in Ather		Case number (if known)		
First Name	Middle N	ame Last Name			
Debtor 2 Tina Marie	Ather Middle N	ame Last Name			
FIIST Name	ivildale in	ame Last Name			
2.2 Fairwinds Cred	dit Union	Describe the property that secures the claim:	\$8,641.73	\$16,000.00	\$0.00
Creditor's Name		2011 Toyota Tundra 98,000 miles VIN: 5TFFY5F16BX113137 (minor			
		scratches; broken cover on back light)			
1475 Tuskawil Winter Springs		As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, S	tate & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the debt? C	heck one.	Nature of lien. Check all that apply.			
■ Debtor 1 only ■ Debtor 2 only		An agreement you made (such as mortgage or car loan)	secured		
Debtor 1 and Debtor 2	only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the deb	tors and another	☐ Judgment lien from a lawsuit			
Check if this claim re community debt	lates to a	Other (including a right to offset)			
	Opened 05/15 Last Active				
Date debt was incurred	4/09/19	Last 4 digits of account number 5550	6		
2.3 Fairwinds Cree	dit Union	Describe the property that secures the claim:	\$20,823.08	\$21,000.00	\$0.00
Creditor's Name		2017 Infiniti QX50 24,000 miles VIN: JN1BJ0RP9HM382784			
1475 Tuskawil	la Poad	As of the date you file, the claim is: Check all that	J		
Winter Springs		apply. ☐ Contingent			
Number, Street, City, S		☐ Unliquidated			
rumber, oneet, ony, o	tate a zip code	☐ Disputed			
Who owes the debt? C	heck one.	Nature of lien. Check all that apply.			
Debtor 1 only		■ An agreement you made (such as mortgage or	secured		
Debtor 2 only		car loan)	oodarda		
■ Debtor 1 and Debtor 2	only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the deb	tors and another	☐ Judgment lien from a lawsuit			
Check if this claim re community debt	lates to a	Other (including a right to offset)			
	Opened 03/18 Last				
Date debt was incurred	Active 4/09/19	Last 4 digits of account number 855	8		
door do our leu	700113				

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Debto	r1 Troy Darwin A	Ather				Case	number (if known)		
Dalar	First Name	Middle N	lame	Last Name					
Debto	r 2 Tina Marie At	ner Middle N	lame	Last Name					
	Stearns Bank, NA Creditor's Name			e property that secure			\$273,777.87	\$320,000.00	\$137,183.87
	0.00.0		Springs, Legal De Lot 6, Blo according as record	Black Acre Court V FL 32708 Semino scription: ock A, Winter Spri g to the map or pl led in Plat Book I	ngs, at thereo 5. Pages	f			
			Seminole	2, of the Public Re	coras or				
	4191 2nd Street S Saint Cloud, MN 5			ate you file, the claim is	S: Check all th	at			
-	Number, Street, City, State &	Zip Code	☐ Unliquida	ated					
_	owes the debt? Check	one.	Disputed Nature of Ii	i en. Check all that apply	' .				
	otor 1 only otor 2 only		An agree car loan	ement you made (such a)	s mortgage	or secured			
☐ De	btor 1 and Debtor 2 only		☐ Statutory	lien (such as tax lien, m	nechanic's lie	en)			
At I	east one of the debtors	and another	☐ Judgmer	nt lien from a lawsuit					
	eck if this claim relates mmunity debt	s to a	Other (in	cluding a right to offset)	SBA Le	oan			
Date d	ebt was incurred 4/2	26/17	Last	4 digits of account nu	mber <u>51</u>	11			
If thi	the dollar value of you s is the last page of yo e that number here:						\$486,648 \$486,648		
Part 2	List Others to Be	Notified fo	or a Debt Tha	at You Already Liste	d				
trying than o	is page only if you have to collect from you for ne creditor for any of to part 1, do not fill out	a debt you o	owe to someon t you listed in	ne else, list the credito	r in Part 1,	and then li	st the collection age	ncy here. Similarly, if y	ou have more
	Name, Number, Street, BB&T	City, State &	Zip Code		O	n which line	e in Part 1 did you ente	er the creditor? 2.1	
	Attn: Bankruptcy PO Box 1847 Wilson, NC 27894	•			La	ast 4 digits	of account number		
	Name, Number, Street, Fairwinds Credit		Zip Code		O	n which line	e in Part 1 did you ente	er the creditor? 2.2	
	Attention: Bankru 3075 N. Alafaya T Orlando, FL 3282	rail			La	st 4 digits	of account number		
	Name, Number, Street, Fairwinds Credit		Zip Code		0	n which line	e in Part 1 did you ente	er the creditor? 2.3	
	Attention: Bankrı 3075 N. Alafaya T Orlando, FL 3282	rail			La	ast 4 digits	of account number		

		Case 6:19-	DK-03380)-CCJ Do	C1 File	05/22/19	Page 2	28 01 63	
Fill in th	nis informati	on to identify your c	case:						
Debtor 1	-	Troy Darwin Athe	r						
		First Name	Middle N	lame	Last Name				
Debtor 2	_	Tina Marie Ather							
(Spouse if,	filing) F	First Name	Middle N	lame	Last Name				
United S	States Bankru	ptcy Court for the:	MIDDLE DI	STRICT OF FLO	RIDA				
Case nu	ımher								
(if known)				_					Check if this is an
								á	amended filing
Officia	al Form 1	06E/F							
		: Creditors W	ho Have	Unsecure	d Claims				12/15
						Part 2 for creditor	s with NONP	RIORITY cla	ims. List the other party to
Schedule Schedule left. Attac	G: Executory D: Creditors	Contracts and Unexpi Who Have Claims Secu ation Page to this page	ired Leases (O ured by Prope	fficial Form 106G) rty. If more space). Do not include is needed, copy	e any creditors with the Part you need	h partially se I, fill it out, n	cured claims umber the er	ial Form 106A/B) and on s that are listed in tries in the boxes on the itional pages, write your
Part 1:		Your PRIORITY Un							
_	•	nave priority unsecured	d claims again	st you?					
	lo. Go to Part 2	2.							
ΠY	_	V NONDOIGNIT							
Part 2:		Your NONPRIORIT							
_	-	ave nonpriority unsec		•					
LΙΝ	lo. You have no	othing to report in this pa	art. Submit this	form to the court w	ith your other sch	nedules.			
Y	es.								
unse	cured claim, lis one creditor ho	npriority unsecured clast the creditor separately olds a particular claim, list	for each claim	. For each claim list	ted, identify what	type of claim it is. I	Oo not list clai	ms already in	cluded in Part 1. If more
									Total claim
	Aloma Bail			Last 4 digits of a	ccount number				Unknown
	Nonpriority Cre			When was the de	obt inquerod?	11/14/16			
	Orlando, F	kman Rd, Suite 20 L 32819	, 1	when was the de	ebt incurred?	11/14/10			_
		City State Zip Code		As of the date yo	ou file, the claim	is: Check all that a	pply		
	_	the debt? Check one.		_					
	Debtor 1 or	•		Contingent					
	Debtor 2 or	•		Unliquidated					
		nd Debtor 2 only		☐ Disputed					
	At least one	e of the debtors and and	other	Type of NONPRI		ed claim:			
	☐ Check if the	is claim is for a comn	nunity	☐ Student loans			p e		
		ubject to offset?		□ Obligations are report as priority of the priority		paration agreement	or divorce tha	t you did not	
	■ No					ing plans, and other	similar debts		
	☐ Yes			Other Specify	, Personal o	guaranty of bu	siness del	bt	
				- Outon Opeony		, ,			_

Debtor Debtor	1 Troy Darwin Ather 2 Tina Marie Ather		Case number (if known)	
4.2	Alpha One Security Solutions	Last 4 digits of account number	2799	Unknown
	Nonpriority Creditor's Name 7925 NW 12th Street Suite 325	When was the debt incurred?	8/22/17	
	Miami, FL 33126 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	·	
	No	Debts to pension or profit-sharing	- '	
	Yes	Other. Specify Alarm mon	itoring for business	
4.3	American Express Nonpriority Creditor's Name	Last 4 digits of account number	1002	\$8,500.00
	220 Vesey Street New York, NY 10080	When was the debt incurred?		
,	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit card		
4.4	Cintas	Last 4 digits of account number		Unknown
	Nonpriority Creditor's Name 4392 34th Street Orlando, FL 32811	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	■ 0		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community debt	0 0 1	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharing	a plane, and other similar debte	
	■ No		- '	
	□ Yes	Other. Specify Possible gu	uaranty of business debt	

Debtor 1 Debtor 2	Troy Darwin Ather Tina Marie Ather		Case number (if known)	
1	nsight Credit Union Nonpriority Creditor's Name PO Box 4900 Drlando, FL 32802-4900	Last 4 digits of account number When was the debt incurred?	5445	Unknown
1	Number Street City State Zip Code Nho incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
[Debtor 1 only	Contingent		
Ι	Debtor 2 only	Unliquidated		
I	Debtor 1 and Debtor 2 only	Disputed		
[At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
[☐ Check if this claim is for a community	☐ Student loans		
	lebt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
I	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
[Yes	Other. Specify Bank fees		
	J S Subs, LLC	Last 4 digits of account number		\$6,415.92
2	Nonpriority Creditor's Name 2121 Vista Parkway West Palm Beach, FL 33411	When was the debt incurred?	8/24/16	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
_	Who incurred the debt? Check one.	<u>_</u>		
_	Debtor 1 only	Contingent		
_	Debtor 2 only	Unliquidated		
L	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	lebt s the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
ı	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
[☐Yes	Other. Specify Royalties		
4.7	JAX Emergency Physicians LLC	Last 4 digits of account number	9516	\$914.00
F	Philadelphia, PA 19101-1156	When was the debt incurred?	12/24/18	
1	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
[Debtor 1 only	☐ Contingent		
ı	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	■ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
_	☐ Check if this claim is for a community	☐ Student loans		
c	lebt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
ı	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
[☐Yes	Other. Specify Medical		

Debtor Debtor	1 Troy Darwin Ather 2 Tina Marie Ather	Case number	(if known)
4.8	Oviedo Medical Center	Last 4 digits of account number 2951	\$630.69
	Nonpriority Creditor's Name Attn: Patient Accounts PO Box 740771	When was the debt incurred? 12/24/18	
	Cincinnati, OH 45274-0771 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all the	at apply
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent ☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	■ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement	ant or divorce that you did not
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharing plans, and ot	·
	Yes	Other. Specify Medical	
4.9	Rockbot Inc Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
	1308 Broadway Oakland, CA 94612 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim is: Check all the	at annly
	Who incurred the debt? Check one.	Contingent	а арріу
	Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	■ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement report as priority claims	ent or divorce that you did not
	■ No	Debts to pension or profit-sharing plans, and ot	
	Yes	Other. Specify Possible guaranty of k	pusiness debt
4.1	Sheridan Radiology Svcs CFL Nonpriority Creditor's Name	Last 4 digits of account number 5608	\$134.00
	PO Box 3380 Indianapolis, IN 46206 Number Street City State Zip Code	When was the debt incurred? 12/24/18 As of the date you file, the claim is: Check all the	at apply
	Who incurred the debt? Check one.	_	а арру
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated ■ Disputed	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreeme report as priority claims	ent or divorce that you did not
	No	lacksquare Debts to pension or profit-sharing plans, and ot	her similar debts
	☐ Yes	Other. Specify Medical	

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Debtor Debtor	•	win Ather ie Ather		Case nu	mber (if known)		
4.1	Sysco		Last 4 digits of account number			_	Unknown
		editor's Name n Luther King Blvd Beach, FL 33404	When was the debt incurred?				
	Number Street	City State Zip Code the debt? Check one.	As of the date you file, the claim	is: Check	all that apply		
	Debtor 1 or		Contingent				
	Debtor 2 or	•	Unliquidated				
	☐ Debtor 1 ar	nd Debtor 2 only	■ Disputed				
	At least one	e of the debtors and another	Type of NONPRIORITY unsecure	ed claim:			
		nis claim is for a community	☐ Student loans				
	debt	ubject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agr	eement or divorce	that you did not	
	■ No		Debts to pension or profit-shari	ing plans, a	nd other similar de	bts	
	☐ Yes		Other. Specify Possible g	juaranty	of business of	lebt	
4.1	Wells Farg		Last 4 digits of account number	2099		_	\$0.00
		Bug Lake Rd ings, FL 32708	When was the debt incurred?				
	Number Street	City State Zip Code the debt? Check one.	As of the date you file, the claim	is: Check	all that apply		
	Debtor 1 or	nly	☐ Contingent				
	■ Debtor 2 or	nlv	Unliquidated				
	_	nd Debtor 2 only	☐ Disputed				
	_	e of the debtors and another	Type of NONPRIORITY unsecure	ed claim:			
		nis claim is for a community	☐ Student loans				
	debt	ubject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agr	eement or divorce	that you did not	
	■ No		Debts to pension or profit-shari	ing plans, a	ınd other similar de	bts	
	☐ Yes		Other. Specify Credit care	d			
Part 3:	List Other	rs to Be Notified About a De	bt That You Already Listed				
is tryi have i	ng to collect from	om you for a debt you owe to so	about your bankruptcy, for a debt that omeone else, list the original creditor i it you listed in Parts 1 or 2, list the add or submit this page.	n Parts 1 c	or 2, then list the c	ollection agency	here. Similarly, if you
United	nd Address d Franchise		On which entry in Part 1 or Part 2 did you Line 4.6 of (<i>Check one</i>):	_	iginal creditor? Creditors with Priori	ty Unsecured Clain	ns
	Vista Parkwa Palm Beach	-	·	Part 2: C	Creditors with Nonp	riority Unsecured C	Claims
West	raiiii beacii	•	Last 4 digits of account number				
Part 4:	Add the A	mounts for Each Type of U	nsecured Claim				
	the amounts of of unsecured cl		ims. This information is for statistical	reporting	purposes only. 28	U.S.C. §159. Add	the amounts for each
					Total		
	6a. Total	Domestic support obligations	5	6a.	\$	0.00	
cl	aims	Tanana and Francis and Control		01	•		
from P	Part 1 6b. 6c.		s you owe the government injury while you were intoxicated	6b. 6c.	\$ \$	0.00	
	6d.	•	secured claims. Write that amount here.	6d.	\$ \$	0.00	
					Ť		\neg
	6e.	Total Priority. Add lines 6a thr	ough 6d.	6e.	\$	0.00	

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Debtor 1 Troy Darwin Ather Debtor 2 Tina Marie Ather

Case number	(if known)
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	6f.	Student loans
Total claims		
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
	6h.	Debts to pension or profit-sharing plans, and other similar debts
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.
	6j.	Total Nonpriority. Add lines 6f through 6i.

6f.	\$ Total Claim 0.00
6g.	\$ 0.00
6h.	\$ 0.00
6i.	\$ 16,594.61
6j.	\$ 16,594.61

Fill in this infor	mation to identify your	case:		
Debtor 1	Troy Darwin Athe	r		
	First Name	Middle Name	Last Name	
Debtor 2	Tina Marie Ather			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA	
Case number				
(if known)				Check if this is amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

P	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	J S Subs, LLC 2121 Vista Parkway West Palm Beach, FL 33411	20-year franchise agreement, commencing 8/24/16
2.2	Sprint PO Box 4191 Carol Stream, IL 60197-4191	18-month lease for cell phones, commencing 10/18/18

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Debtor 1				7
	Troy Darwin Ath			
Debtor 2		Middle Name	Last Name	
(Spouse if, f	filing) First Name	Middle Name	Last Name	
United St	tates Bankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA	
Case nur	mber			
(if known)				Check if this is an amended filing
Officia	al Form 106H			
	dule H: Your Cod	debtors		12/15
people ar	e filing together, both are eq	ually responsible for supp e boxes on the left. Attach	ts you may have. Be as complete and accu olying correct information. If more space is on the Additional Page to this page. On the t	needed, copy the Additional Page,
1. Do	o you have any codebtors? (If	f you are filing a joint case, o	do not list either spouse as a codebtor.	
□ No	0			
■ Ye	es			
			operty state or territory? (Community prope erto Rico, Texas, Washington, and Wisconsin	
_			, , , ,	•
_	o. Go to line 3.	ougo, or logal aquivalent live	with you at the time?	
□ 16	es. Did your spouse, former spo	buse, or legal equivalent live	e with you at the time?	
Forn			spouse as a codebtor if your spouse is fill tor or cosigner. Make sure you have listed ule G (Official Form 106G). Use Schedule E	the creditor on Schedule D (Official
Forn	n 106D), Schedule E/F (Officia	al Form 106E/F), or Sched	tor or cosigner. Make sure you have listed ule G (Official Form 106G). Use Schedule D Column 2: The c), Schedule E/F, or Schedule G to fil reditor to whom you owe the debt
Forn	n 106D), Schedule E/F (Official Column 2. Column 1: Your codebtor	al Form 106E/F), or Sched	tor or cosigner. Make sure you have listed ule G (Official Form 106G). Use Schedule D	the creditor on Schedule D (Official), Schedule E/F, or Schedule G to fil reditor to whom you owe the debt
Forn out (n 106D), Schedule E/F (Official Column 2. Column 1: Your codebtor Name, Number, Street, City, State and 2	al Form 106E/F), or Sched	tor or cosigner. Make sure you have listed ule G (Official Form 106G). Use Schedule D Column 2: The c Check all schedu	the creditor on Schedule D (Official), Schedule E/F, or Schedule G to fill reditor to whom you owe the debt ales that apply:
Forn	n 106D), Schedule E/F (Official Column 2. Column 1: Your codebtor Name, Number, Street, City, State and 2. Submerge Subs, Inc 3607 Aloma Avenue #107	al Form 106E/F), or Schedo	tor or cosigner. Make sure you have listed ule G (Official Form 106G). Use Schedule C Column 2: The c Check all schedu	the creditor on Schedule D (Official), Schedule E/F, or Schedule G to fill reditor to whom you owe the debtules that apply: line2.4
Forn out (n 106D), Schedule E/F (Official Column 2. Column 1: Your codebtor Name, Number, Street, City, State and Submerge Subs, Inc	al Form 106E/F), or Schedo	tor or cosigner. Make sure you have listed ule G (Official Form 106G). Use Schedule D Column 2: The c Check all schedu	the creditor on Schedule D (Official D, Schedule E/F, or Schedule G to fill reditor to whom you owe the debtules that apply: line 2.4 F, line
Forn out (n 106D), Schedule E/F (Official Column 2. Column 1: Your codebtor Name, Number, Street, City, State and 2. Submerge Subs, Inc 3607 Aloma Avenue #107	al Form 106E/F), or Schedo	tor or cosigner. Make sure you have listed ule G (Official Form 106G). Use Schedule C Column 2: The c Check all schedu Schedule D,	the creditor on Schedule D (Official D, Schedule E/F, or Schedule G to fill reditor to whom you owe the debtules that apply: line
Forn out (n 106D), Schedule E/F (Official Column 2. Column 1: Your codebtor Name, Number, Street, City, State and 2. Submerge Subs, Inc 3607 Aloma Avenue #107	al Form 106E/F), or Schedo	tor or cosigner. Make sure you have listed ule G (Official Form 106G). Use Schedule C Column 2: The c Check all schedu Schedule D, Schedule E/ Schedule G	the creditor on Schedule D (Official D, Schedule E/F, or Schedule G to fill reditor to whom you owe the debtules that apply: line
Forn out (n 106D), Schedule E/F (Official Column 2. Column 1: Your codebtor Name, Number, Street, City, State and 2. Submerge Subs, Inc 3607 Aloma Avenue #107 Oviedo, FL 32765 Submerge Subs, Inc	al Form 106E/F), or Schedo	tor or cosigner. Make sure you have listed ule G (Official Form 106G). Use Schedule C Column 2: The c Check all schedu Schedule D, Schedule E/ Schedule G	the creditor on Schedule D (Official D, Schedule E/F, or Schedule G to fill reditor to whom you owe the debt alles that apply: line
3.1	n 106D), Schedule E/F (Official Column 2. Column 1: Your codebtor Name, Number, Street, City, State and 2. Submerge Subs, Inc 3607 Aloma Avenue #107 Oviedo, FL 32765 Submerge Subs, Inc 3607 Aloma Avenue #107	al Form 106E/F), or Schedo	tor or cosigner. Make sure you have listed ule G (Official Form 106G). Use Schedule C Column 2: The c Check all schedule D, Schedule D, Schedule E/ Schedule G Stearns Bank,	the creditor on Schedule D (Official D, Schedule E/F, or Schedule G to fill reditor to whom you owe the debtules that apply: line 2.4 F, line NA
3.1	n 106D), Schedule E/F (Official Column 2. Column 1: Your codebtor Name, Number, Street, City, State and 2. Submerge Subs, Inc 3607 Aloma Avenue #107 Oviedo, FL 32765 Submerge Subs, Inc	al Form 106E/F), or Schedo	tor or cosigner. Make sure you have listed ule G (Official Form 106G). Use Schedule C Column 2: The c Check all schedule D, Schedule D, Schedule G Stearns Bank, Schedule D, Schedule D, Schedule D, Schedule D, Schedule D, Schedule G	the creditor on Schedule D (Official D, Schedule E/F, or Schedule G to fill reditor to whom you owe the debt ales that apply: line 2.4
3.1	n 106D), Schedule E/F (Official Column 2. Column 1: Your codebtor Name, Number, Street, City, State and 2. Submerge Subs, Inc 3607 Aloma Avenue #107 Oviedo, FL 32765 Submerge Subs, Inc 3607 Aloma Avenue #107	al Form 106E/F), or Schedo	tor or cosigner. Make sure you have listed ule G (Official Form 106G). Use Schedule D Column 2: The c Check all schedule D, Schedule D, Schedule G Stearns Bank, Schedule D, Schedule D, Schedule D, Schedule D,	the creditor on Schedule D (Official D, Schedule E/F, or Schedule G to fill reditor to whom you owe the debt ales that apply: line 2.4
3.1 3.2	n 106D), Schedule E/F (Official Column 2. Column 1: Your codebtor Name, Number, Street, City, State and 3. Submerge Subs, Inc 3607 Aloma Avenue #107 Oviedo, FL 32765 Submerge Subs, Inc 3607 Aloma Avenue #107 Oviedo, FL 32765	al Form 106E/F), or Schedo	tor or cosigner. Make sure you have listed ule G (Official Form 106G). Use Schedule D Column 2: The c Check all schedule D, Schedule D, Schedule G Stearns Bank, Schedule D, Schedule D, Schedule G Stearns Bank,	the creditor on Schedule D (Official D, Schedule E/F, or Schedule G to fill reditor to whom you owe the debt ales that apply: line 2.4 F, line NA line 4.6
3.1	n 106D), Schedule E/F (Official Column 2. Column 1: Your codebtor Name, Number, Street, City, State and 3. Submerge Subs, Inc 3607 Aloma Avenue #107 Oviedo, FL 32765 Submerge Subs, Inc 3607 Aloma Avenue #107 Oviedo, FL 32765	al Form 106E/F), or Sched	tor or cosigner. Make sure you have listed ule G (Official Form 106G). Use Schedule D Column 2: The c Check all schedule D, Schedule D, Schedule E/ Schedule G Stearns Bank, Schedule D, Schedule D, Schedule D, Schedule G J S Subs, LLC	the creditor on Schedule D (Official D, Schedule E/F, or Schedule G to fill reditor to whom you owe the debt ales that apply: line P, line
3.1 3.2	n 106D), Schedule E/F (Official Column 2. Column 1: Your codebtor Name, Number, Street, City, State and 3. Submerge Subs, Inc 3607 Aloma Avenue #107 Oviedo, FL 32765 Submerge Subs, Inc 3607 Aloma Avenue #107 Oviedo, FL 32765	al Form 106E/F), or Sched	tor or cosigner. Make sure you have listed ule G (Official Form 106G). Use Schedule D Column 2: The c Check all schedule D, Schedule D, Schedule G Stearns Bank, Schedule D, Schedule D, Schedule G Stearns Bank,	the creditor on Schedule D (Official D, Schedule E/F, or Schedule G to fill reditor to whom you owe the debt ales that apply: line F, line F, line 4.6 line F, line F, line 4.11 line F, line

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Debtor 1	Troy Darwin Ather Tina Marie Ather	Case number (if known)
	Additional Page to List More Codebtors	
-	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.4	Submerge Subs, Inc 3607 Aloma Avenue #1071 Oviedo, FL 32765	☐ Schedule D, line ■ Schedule E/F, line4.1 ☐ Schedule G Aloma Bailes, LLC
3.5	Submerge Subs, Inc 3607 Aloma Avenue #1071 Oviedo, FL 32765	☐ Schedule D, line ■ Schedule E/F, line4.4 ☐ Schedule G Cintas
3.6	Submerge Subs, Inc 3607 Aloma Avenue #1071 Oviedo, FL 32765	☐ Schedule D, line ■ Schedule E/F, line ☐ Schedule G Alpha One Security Solutions
3.7	Submerge Subs, Inc 3607 Aloma Avenue #1071 Oviedo, FL 32765	☐ Schedule D, line ■ Schedule E/F, line ☐ Schedule G Rockbot Inc
3.8	Submerge Subs, Inc 3607 Aloma Avenue #1071 Oviedo, FL 32765	☐ Schedule D, line ☐ Schedule E/F, line ■ Schedule G J S Subs, LLC

Fill in this informa	ation to identify your case:	
Debtor 1	Troy Darwin Ather	
Debtor 2 (Spouse, if filing)	Tina Marie Ather	
United States Bar	nkruptcy Court for the: MIDDLE DISTRICT OF FLORIDA	
Case number		Check if this is:
(If known)		☐ An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106I	MM / DD/ YYYY
Schedule	: I: Your Income	12/
Ro as complete a	and accurate as possible. If two married people are filing together (Dobtor 1 and Dobtor 2) both are equally responsible for

15

For Debtor 2 or

For Debtor 1

complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible fo supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Describe Employment				
1.	Fill in your employment information.		Debtor	·1	Debtor 2 or non-filling spouse
	If you have more than one job,	Employment status*	■ Employed		■ Employed
	attach a separate page with information about additional	Employment status*	☐ Not	employed	☐ Not employed
	employers.	Occupation	Owner		Owner
	Include part-time, seasonal, or self-employed work.	Employer's name	Subm	erge Subs, Inc.	Submerge Subs, Inc.
	Occupation may include student or homemaker, if it applies.		dba Jon Smith Subs 3607 Aloma Avenue #1071 Oviedo, FL 32765		dba Jon Smith Subs 3607 Aloma Avenue #1071 Oviedo, FL 32765
		How long employed th	nere?	2 years	3 years
· ·				*See Attachment for Add	tional Employment Information

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 8,750.00 4,166.67 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 3. Calculate gross Income. Add line 2 + line 3. 8,750.00 4,166.67

Schedule I: Your Income Official Form 106I page 1

	otor 1 otor 2	Troy Darwin Ather Tina Marie Ather	_	Cas	se number (if known)	_			
					or Debtor 1		or Debtor 2 or on-filing spous		
	Cop	y line 4 here	4.	\$	8,750.00	\$	4,166.6	57	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,815.78	\$	820.5	58	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.0	-	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.0	00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.0	00	
	5e.	Insurance	5e.		0.00	\$	0.0	00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.0		
	5g.	Union dues	5g.		0.00	\$	0.0	-	
	5h.	Other deductions. Specify:	5h	+ \$	0.00	+ \$	0.0)0	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,815.78	\$	820.5	58_	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	6,934.22	\$	3,346.0	09	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
	01	monthly net income.	8a.		0.00	\$			
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8b. 8c.	\$	0.00	\$			
	8d.	Unemployment compensation	8d.		0.00	\$			
	8e.	Social Security	8e.	\$	0.00	\$			
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.0	00	
	8g.	Pension or retirement income	8g.		0.00	\$	0.0		
	8h.	Other monthly income. Specify:	8h	+ \$	0.00	+ \$	0.0)0	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$	0	.00	
10	Cal	culate monthly income. Add line 7 + line 9.	10. \$		6,934.22 + \$		3,346.09 = \$	10,280.	31
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			· • _		<u>5,540.05</u>	10,200	
11.	Stat Incli othe Do	te all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	deper		•			0	.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies					t 12. \$	10,280.	.31
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?				mon	thly incom	ıe
		Yes. Explain: Business will be closing; debtor recently started	new	job					

Official Form 106l Schedule I: Your Income page 2

Debtor 1	Troy Darwin Ather	
Debtor 2	Tina Marie Ather	Case number (if known)

Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation	Director of Client Services	
Name of Employer	Vanguard Economics LLC	
How long employed	2 weeks	
Address of Employer	730 King George Blvd	
	Suite B	
	Savannah, GA 31419	

Spouse		
Occupation	Executive/Representative	
Name of Employer	Gold Canyon Candles	
How long employed	8 months	
Address of Employer	6205 S. Arizona Avenue	Income based on small percentage of customer
	Chandler, AZ 85248	purchases

Official Form 106l Schedule I: Your Income page 3

Fill	in this informa	ation to identify yo	our case:							
Deb		Troy Darwin				Ch	eck i	f this is:		
								amended filing		
	tor 2 ouse, if filing)	Tina Marie A	ther						ving postpetition chapter the following date:	
``		runtcy Court for the	· MIDDI F	E DISTRICT OF FLORIDA				M / DD / YYYY		
Office	ed Olales Dalik	ruptcy Court for the	. WIIDDLL	- DIGITATO TO TECHNIDA	·		1711	W/ DD/ 1111		
	e number nown)									
Of	fficial Fo	orm 106J								
Sc	chedule	J: Your	Expen	ises					12/	/1:
Be info	as complete ormation. If m	and accurate as	possible.	If two married people ar ch another sheet to this						
Par		ribe Your House	hold							
1.	Is this a join									
	□ No. Go to	o line 2. e s Debtor 2 live i	!	ata hawaahaldO						
	_		m a separa	ate nousenoid?						
	■ N		et file Offici	al Form 106J-2, <i>Expenses</i>	for Senarate House	hold of De	htor	2		
0			_	ari omi 1000-2, Expenses	Tor deparate House	noid of De	Dioi	۷.		
2.	•	e dependents?	□ No							
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor			Dependent's age	Does dependent live with you?	
	Do not state	tho							□ No	
	dependents				Son			13	Yes	
									□ No	
									☐ Yes ☐ No	
									☐ No☐ Yes	
							_		□ No	
	_		_						☐ Yes	
3.	expenses of	penses include of people other to d your depende	han	No Yes						
exp	imate your e	a date after the l	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp						
the	value of suc	h assistance an		government assistance i				Vour ovn	oneoe	
(Off	ficial Form 10	Jbl.)						Your exp	C113C3	
4.		or home owners		ses for your residence. I r lot.	nclude first mortgage	4.	\$_		1,587.44	
	If not include	ded in line 4:								
	4a. Real	estate taxes				4a.	\$		0.00	
		erty, homeowner's	s, or renter'	's insurance		4b.			0.00	
			•	ipkeep expenses		4c.			150.00	
5.		eowner's associat mortgage payme		oominium dues our residence, such as ho	me equity loans	4d. 5.	_		0.00 0.00	

	tor 1 Troy Darwin Ather tor 2 Tina Marie Ather	Case num	nber (if kno	own)
6.	Utilities:			
0.	6a. Electricity, heat, natural gas	6a.	\$	300.00
	6b. Water, sewer, garbage collection	6b.	,	20.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	· —	730.00
	6d. Other. Specify:	6d.	· —	0.00
7.	Food and housekeeping supplies		\$	1,200.00
8.	Childcare and children's education costs	8.	\$	500.00
9.	Clothing, laundry, and dry cleaning	9.	\$	100.00
10.	Personal care products and services	10.	\$	100.00
11.	Medical and dental expenses	11.	\$	150.00
12.	Transportation. Include gas, maintenance, bus or train fare.		_	400.00
	Do not include car payments.	12.	· —	400.00
	Entertainment, clubs, recreation, newspapers, magazines, and books	13.		300.00
	Charitable contributions and religious donations	14.	\$	400.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	· ·	0.00
	15c. Vehicle insurance	15c.	·	200.00
	15d. Other insurance. Specify:	15d.	· —	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			0.00
	Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	515.82
	17b. Car payments for Vehicle 2	17b.	\$	377.55
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as	18.	¢	0.00
10	deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). Other payments you make to support others who do not live with you.	10.	\$ —	
19.	Specify:	19.		0.00
20	Other real property expenses not included in lines 4 or 5 of this form or on Sched			me
_0.	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
21.	Other: Specify: Candle membership fee	21.	+\$	11.99
	Pet care		+\$	50.00
	Netflix		+\$	16.00
	Amazon Prime		+\$	10.75
	iCloud storage	_	+\$	4.98
	Google storage		+\$	2.99
	Audible		+\$	14.95
	Microsoft Office		+\$	16.67
	Grammarly		+\$	5.83
	Pandora		+\$	4.99
22	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	7,169.96
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$ 	1,100.00
	22c. Add line 22a and 22b. The result is your monthly expenses.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7,169.96
	220. Add into 22d did 22b. The result is your monthly expenses.			7,109.90
23.	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.		10,280.31
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	7,169.96
	On the section of the			
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	3,110.35
	THE TESUK IS YOUR MONKING HER MOUNTE.	_00.		.,

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Debtor 1 Debtor 2	Troy Darwin Ather Tina Marie Ather	Case number (if known)
For e	rou expect an increase or decrease in your expenses within the yexample, do you expect to finish paying for your car loan within the year or do you fication to the terms of your mortgage?	
■ N		
ΠY	es. Explain here:	

Fill in this info	ormation to identify your	case:			
Debtor 1	Troy Darwin Athe	 r			
	First Name	Middle Name	Last Name		
Debtor 2	Tina Marie Ather				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	MIDDLE DISTRICT	OF FLORIDA		
Case number (if known)					☐ Check if this is an amended filing
	rm 106Dec	م المطانية طاري	al Dahtaria C	ob o dulo o	
Declara	ation About a	n inaiviau	al Deptor's S	cnedules	12/15
years, or both.	iey or property by fraud in . 18 U.S.C. §§ 152, 1341, 1 ign Below		ankruptcy case can resul	t in tines up to \$250,0	00, or imprisonment for up to 20
ا Did you	pay or agree to pay some	one who is NOT an at	ttorney to help you fill out	t bankruptcy forms?	
■ No					
☐ Yes.	. Name of person				nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the s	ummary and schedules fi	led with this declarati	ion and
X /s/ Tr	roy Darwin Ather		X /s/ Tina N	Marie Ather	
Troy	Darwin Ather		Tina Mar		
Signa	ture of Debtor 1		Signature of	of Debtor 2	
Date	May 22, 2019		Date _ Ma	ay 22, 2019	

Fill in	this inforn	nation to identify you	r case:			
Debto		Troy Darwin Ath				
		First Name	Middle Name	Last Name		
Debto	or 2 e if, filing)	Tina Marie Ather	Middle Name	Last Name		
Unite	d States Bar	nkruptcy Court for the:	MIDDLE DISTRICT OF F	LORIDA		
Case (if know	number					Check if this is an mended filing
Stat	ement			duals Filing for B		4/19
inform numb	nation. If m er (if knowr		attach a separate sheet to		equally responsible for sup additional pages, write you	
Part 1	Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1. V	/hat is your	current marital statu	ıs?			
	Married Not mar	ried				
2. D	uring the la	ast 3 years, have you	lived anywhere other than	where you live now?		
■	■ No ■ Yes. Lis	t all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<i>ı</i> .	
I	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory ico, Texas, Washington and W	
	■ No ■ Yes. Ma	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Part 2	Explai	n the Sources of You	r Income			
F	ill in the tota	I amount of income yo	u received from all jobs and a	ng a business during this yeall businesses, including partetogether, list it only once ur		ndar years?
	- 110	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$17,884.60	■ Wages, commissions, bonuses, tips	\$19,296.80
			☐ Operating a business		Operating a business	

Official Form 107

Troy Darwin Ather Debtor 1 Case number (if known) Debtor 2 **Tina Marie Ather** Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$50,384.61 \$50,000.08 Wages, commissions, Wages, commissions, (January 1 to December 31, 2018) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$47,451.88 For the calendar year before that: \$59,052.52 Wages, commissions. Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Owner distribution \$5,000.00 the date you filed for bankruptcy: from Submerge Subs, Inc Rental income from \$1,312.00 daughter For last calendar year: Rental income from \$690.00 (January 1 to December 31, 2018) daughter For the calendar year before that: **IRA Distribution** \$65,000.00 (January 1 to December 31, 2017) Interest \$2.00 Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

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Debto Debto			-	arwin arie <i>A</i>	Ather		Cas	se number (if known)		
]	Yes.				ave primarily consumer de led for bankruptcy, did you p		al of \$600 or more?		
			_	•						
				No. Yes	Go to line 7.	dita a ta colo a sa cosco a a i al actad	I - f ΦCOO - π - π - π - π - π - π - π - π - π -	al th a tatal a as a		anaditan Danat
				Yes		ditor to whom you paid a tota or domestic support obligation kruptcy case.				
C	re	ditor's	Nar	ne an	d Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	ayment for
<i>In</i> of a	s <i>id</i> wh bus	<i>er</i> s ind nich yo	clude ou are	your i	relatives; any general fficer, director, person	ptcy, did you make a paym partners; relatives of any ger in control, or owner of 20% of . 11 U.S.C. § 101. Include pa	neral partners; partners partners or more of their voting	erships of which you g securities; and ar	u are a genera ny managing a	al partner; corporation agent, including one fo
	_	No Yes. I	_ist a	ll payr	nents to an insider.					
li	nsi	der's	Nam	e and	Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
 ■	l	No .			debts guaranteed or o					
					Address	Dates of payment	Total amount	Amount you		this payment
							paid	still owe	Include cred	litor's name
Part 4		Iden	tify I	_egal	Actions, Repossessi	ons, and Foreclosures				
Li	st a	all suc	n ma	tters, i	you filed for bankrup ncluding personal inju ntract disputes.	ptcy, were you a party in all ry cases, small claims action	ny lawsuit, court ac as, divorces, collection	ction, or administra on suits, paternity a	ative proceed ctions, suppor	ling? t or custody
	ı	No								
]	Yes. I	Fill in	the de	etails.					
		e title e nun	nber			Nature of the case	Court or agency		Status of th	ne case
-		•			you filed for bankrup nd fill in the details bel	ptcy, was any of your prop low.	erty repossessed, f	oreclosed, garnis	hed, attached	d, seized, or levied?
				ine 11 the in	formation below.					
C	re	ditor l	Namo	e and	Address	Describe the Property		Date		Value of the property
						Explain what happene				
	co					uptcy, did any creditor, inc ecause you owed a debt?	luding a bank or fii	nancial institution	, set off any a	amounts from your
]	Yes. I	-ill in	the de	etails.					
C	re	ditor l	Namo	e and	Address	Describe the action the	e creditor took	Date a	action was	Amount
					you filed for bankrup eiver, a custodian, or	ptcy, was any of your prop another official?	erty in the possess	ion of an assigned	e for the bend	efit of creditors, a
		No								
]	Yes								
Official I	=ori	n 107			Stat	ement of Financial Affairs for	Individuals Filing for E	Bankruptcv		page 5

	otor 2	Tina Marie Ather		Case n	number (if known)	
Par	rt 5:	List Cortain Gifts and Contribution	ne				
		List Certain Gifts and Contribution					_
13.		No	ruptcy, d	lid you give any gifts with a total value of	more th	nan \$600 per person	?
	• `	Yes. Fill in the details for each gift.					
		s with a total value of more than \$6 person	00	Describe the gifts		Dates you gave the gifts	Value
		on to Whom You Gave the Gift and ress:	t				
	110	aela Ather 1 S. Black Acre Court ter Springs, FL 32708		Holiday gifts \$300; payment of cell phone bill (\$56.73/mo. for 18 month	ıs)	2017-2019	\$1,321.14
	Pers	on's relationship to you: Daughter					
	1022	vor Ather 24 Neversink Court ando, FL 32817		Holiday gifts \$300; payment of cell phone bill (\$85.67/mo. for 18 month financial support \$200	ıs);	2017-2019	\$2,042.06
	Pers	on's relationship to you: Son					
14.		n 2 years before you filed for bank No Yes. Fill in the details for each gift or		lid you give any gifts or contributions with	h a tota	I value of more than	\$600 to any charity?
		•		Describe what you contributed		Detec yeu	Value
	Gifts or contributions more than \$600 Charity's Name	e than \$600		bescribe what you contributed		Dates you contributed	
	3370	nerstone Baptist Church O Snow Hill Road edo, FL 32766		Tithes		2017-2019	\$11,800.00
Par	-+ G.	List Certain Losses					
Га	rt 6:	List Certain Losses					
15.		n 1 year before you filed for bankrombling?	uptcy or	since you filed for bankruptcy, did you los	se anytl	hing because of the	ft, fire, other disaster
	_	No Yes. Fill in the details.					
		cribe the property you lost and	Descri	be any insurance coverage for the loss		Date of your	Value of property
		the loss occurred	Include	the amount that insurance has paid. List per ce claims on line 33 of Schedule A/B: Prope		loss	lost
Pai	rt 7:	List Certain Payments or Transfer	's				
16.	cons	ulted about seeking bankruptcy or	preparir	d you or anyone else acting on your behang a bankruptcy petition? s, or credit counseling agencies for services i			rty to anyone you
		No					
	_	Yes. Fill in the details.					
	Addı Ema	il or website address		Description and value of any property transferred		Date payment or transfer was made	Amount of payment
	Pers	on Who Made the Payment, if Not	You				

	otor 2 Tina Marie Ather	Case number (if known)					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment		
	Fisher Rushmer, P.A. 390 North Orange Avenue Suite 2200 Orlando, FL 32801-1642 dmcfarlin@fisherlawfirm.com Submerge Subs, Inc.	Attorney Fees		5/7/19 & 5/14/19	\$4,500.00		
17.	Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors. Do not include any payment or transfer that you list. No	or to make payments to your creditor		or transfer any prope	rty to anyone who		
	☐ Yes. Fill in the details.						
	Person Who Was Paid Address	Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment		
18.	Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already li No Yes. Fill in the details.	ness or financial affairs? as security (such as the granting of a se	ecurity intere	st or mortgage on you			
	Person Who Received Transfer Address	property transferred pay		any property or s received or debts schange	Date transfer was made		
	Person's relationship to you Karen Brashear 290 Lynn Street Oviedo, FL 32765	2 round Bombay end tables (\$25)	2 old Ad	lirondack chairs	03/2019		
	Various	Sold on Craigslist: Ping bag \$20 (8/24/17); knee walker scooter \$10 (9/17/18); foot brace \$5 (10/22/18); shoulder arm brace \$10 (10/22/18); knee brace \$12 (10/22/18)	\$57		2017-2018		
19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protection No Yes. Fill in the details.		elf-settled tr	ust or similar device	of which you are a		
	Name of trust	Description and value of the prope	erty transfer	red	Date Transfer was made		

Debtor 1 Troy Darwin Ather Debtor 2 Tina Marie Ather

Case number (if known)

	t 8: List of Certain Financial Accounts, Ir	struments, Safe Deposi	it Boxes, and S	Storage Unit	S	
20.	Within 1 year before you filed for bankrupte sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, assortion No	or other financial accou	ınts; certificate	s of deposi	•	•
	Yes. Fill in the details.					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accinstrument	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing o transfe
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed fo	r bankruptcy, a	any safe de _l	posit box or other depo	sitory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit ■ No □ Yes. Fill in the details.	or place other than you	r home within	1 year befoi	re you filed for bankrup	tcy?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it?	had access	Describe	the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Contro	Address (Number, State and ZIP Code)	Street, City,			
Par 23.	t 9: Identify Property You Hold or Control Do you hold or control any property that so for someone. No Yes. Fill in the details.	State and ZIP Code)		erty you born	rowed from, are storing	for, or hold in trust
	Do you hold or control any property that so for someone.	State and ZIP Code)	lude any prope		rowed from, are storing the property) for, or hold in trust Value
	Do you hold or control any property that so for someone. No Yes. Fill in the details. Owner's Name	State and ZIP Code) I for Someone Else omeone else owns? Incl Where is the pro (Number, Street, City,	lude any prope perty? State and ZIP	Describe T-shirts,		
	Do you hold or control any property that so for someone. No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Submerge Subs, Inc 3607 Aloma Avenue #1071	State and ZIP Code) If for Someone Else Dimeone else owns? Incl Where is the pro (Number, Street, City, Code) 1101 S. Black A	perty? State and ZIP Acre Court F, FL 32708	Describe T-shirts, financial	the property brochures and	Value
	Do you hold or control any property that so for someone. No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Submerge Subs, Inc 3607 Aloma Avenue #1071 Oviedo, FL 32765 Micaela Ather 1101 S. Black Acre Court	State and ZIP Code) If for Someone Else Dimeone else owns? Incl Where is the pro (Number, Street, City, Code) 1101 S. Black A Winter Springs	perty? State and ZIP Acre Court FL 32708 Acre Court FL 32708	Describe T-shirts, financial Various Various including	the property brochures and records	Value

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Official Form 107

Troy Darwin Ather Debtor 1 Debtor 2 **Tina Marie Ather**

Case number (if known)

regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Rep	ort all	notices, releases, and proceedings that	at you know about, regardless of wher	n the	y occurred.			
24.	Has	any governmental unit notified you that	you may be liable or potentially liable	und	er or in viol	ation of an environme	ntal law?	
		No Yes. Fill in the details.						
		ne of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		Environme know it	ntal law, if you	Date of notice	
25.	Have	you notified any governmental unit of	any release of hazardous material?					
	■ No □ Yes. Fill in the details.							
		ne of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		Environment know it	ntal law, if you	Date of notice	
26.	Have	you been a party in any judicial or adn	ninistrative proceeding under any envi	ironn	nental law?	Include settlements a	nd orders.	
	_	No Yes. Fill in the details.						
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ure of the c	ase	Status of the case	
Par	t 11:	Give Details About Your Business or	Connections to Any Business					
27.	With	in 4 years before you filed for bankrupt	tcy, did you own a business or have any of the following connections to any business					
		☐ A sole proprietor or self-employed in	in a trade, profession, or other activity, either full-time or part-time					
	■ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership							
		■ An officer, director, or managing ex	ecutive of a corporation					
		☐ An owner of at least 5% of the voting	g or equity securities of a corporation					
		No. None of the above applies. Go to F	Part 12.					
		Yes. Check all that apply above and fill	in the details below for each business	s.				
		iness Name Iress	Describe the nature of the business			Identification number		
		ber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Do not include Social Security number or ITIN. Dates business existed			
		omerge Subs, Inc	Restaurant		EIN:	81-3847633		
	(owned by Retirement Plan) 3607 Aloma Avenue #1071 Oviedo, FL 32765		Lorien Prince and Thaney & Associates		From-To	09/25/17 - 2019		
3530 Benson Park Blvd						81-3616425		
	Orla	ando, FL 32829			From-To	08/18/16 - 2017		

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Debtor 1 Debtor 2 Troy Darwin Ather Tina Marie Ather	c	ase number (if known)
28. Within 2 years before you filed for bankrup institutions, creditors, or other parties.	ptcy, did you give a financial statement to	anyone about your business? Include all financial
■ No □ Yes. Fill in the details below.		
Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Part 12: Sign Below		
with a bankruptcy case can result in fines up to 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Troy Darwin Ather	/s/ Tina Marie Ather	ears, or both.
Troy Darwin Ather Signature of Debtor 1	Tina Marie Ather Signature of Debtor 2	
Date May 22, 2019	Date <u>May 22, 2019</u>	
Did you attach additional pages to <i>Your Statem</i> ■ No □ Yes	nent of Financial Affairs for Individuals Fili	ng for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is no ■ No	ot an attorney to help you fill out bankrupt	cy forms?
☐ Yes. Name of Person Attach the Banki	ruptcy Petition Preparer's Notice, Declaration,	and Signature (Official Form 119).

Fill in this inform	nation to identify your case	e:		l
Debtor 1	Troy Darwin Ather]
	First Name	Middle Name	Last Name	
Debtor 2	Tina Marie Ather	Middle Name	Lact Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the: MI	DDLE DISTRIC	T OF FLORIDA	
Case number				
(if known)				☐ Check if this is an amended filing
Official For Statemen		for Indiv	iduals Filing Under Chapt	er 7 12/15
	vidual filing under chapter claims secured by your p	-	out this form if:	
You must file this	ver is earlier, unless the co	n 30 days after y	ot expired. you file your bankruptcy petition or by the date s e time for cause. You must also send copies to the	
	ople are filing together in a d date the form.	i joint case, bot	th are equally responsible for supplying correct	information. Both debtors must
write yo	our name and case number	(if known).	needed, attach a separate sheet to this form. Or	n the top of any additional pages,
1. For any credito			Creditors Who Have Claims Secured by Proper	ty (Official Form 106D), fill in the
information be Identify the cre	ditor and the property that is	s collateral	What do you intend to do with the property the secures a debt?	at Did you claim the property as exempt on Schedule C?
Creditor's B l	B&T		■ Surrender the property.	■ No
name:			☐ Retain the property and redeem it.	– NO
			☐ Retain the property and redeem it.	☐ Yes
•	1101 S. Black Acre Co		Reaffirmation Agreement.	
property	Springs, FL 32708 Sei	minole	☐ Retain the property and [explain]:	
securing debt:	County Legal Description:			
	Lot 6, Block A, Winter	Springs,		
	according to the map	or plat		
	thereof as recorded in			
	Book 15. Pages 81 and the Public Records of Cou			_
Creditor's F a	airwinds Credit Union		☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	
Description of	2011 Toucho Timalis 01	2 000	Retain the property and enter into a	■ Yes
Description of	2011 Toyota Tundra 98 miles	3,000	Reaffirmation Agreement.	
property securing debt:	VIN: 5TFFY5F16BX113	3137	☐ Retain the property and [explain]:	
securing debt:	(minor scratches; brol on back light)	_		

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1 Debtor 2	,	Darwin Ather Marie Ather		Case number (if k	Case number (if known)		
Creditor name: Descrip property securing	tion of	VIN: JN1BJ0RP9HM38278	miles Retain Reaffi	the prop the prop rmation A	roperty. erty and redeem it. erty and enter into a lagreement. erty and [explain]:	□ No ■ Yes	
For any un	List Yoursermation	Springs, FL 32708 Semin County Legal Description: Lot 6, Block A, Winter Spraccording to the map or pthereof as recorded in Pla Book 15. Pages 81 and 82 the Public Records of Ser Cou	Winter Retain Winter Reaffic Ole Retain rings, blat bt c, of minole ty Leases you listed in Schedule leases. Unexpired lease	the proportion A the pr	erty and redeem it. erty and enter into a lagreement. erty and [explain]: eutory Contracts and Unexplains that are still in effect	■ No □ Yes cpired Leases (Official Form 106G), fill t; the lease period has not yet ended. 5(p)(2).	
Describe	your ι	nexpired personal property lea	ses			Will the lease be assumed?	
Lessor's n	ame:	Sprint				□ No ■ Yes	
Description Property:	n of lea	ased 18-month lease for ce	ell phones, commen	cing 10/	18/18		
Under pen property th	nat is s		dicated my intention a	•	r property of my estate tha	at secures a debt and any personal	
Troy	Darv	rin Ather f Debtor 1		Tin	a Marie Ather nature of Debtor 2		
Date	N	lay 22, 2019	_	Date	May 22, 2019		

Official Form 108

Fill in	this information to identify your case:			directed in this form and	in Form
Debte	Troy Darwin Ather		2A-1Supp:		
Debte (Spous	or 2 Tina Marie Ather Tina Marie Ather		■ 1. There is no pres	sumption of abuse	
Unite	d States Bankruptcy Court for the: Middle District of FI	orida	applies will be	to determine if a presur made under <i>Chapter 7</i> ficial Form 122A-2).	
Case (if know	number			t does not apply now be	accuse of
(1410	,			ry service but it could ap	
			☐ Check if this is a	an amended filing	
Offi	cial Form 122A - 1				
Cha	apter 7 Statement of Your Curi	rent Monthly Inc	ome		12/15
attach case n	complete and accurate as possible. If two married people ar a separate sheet to this form. Include the line number to whomber (if known). If you believe that you are exempted from ring military service, complete and file Statement of Exempted: Calculate Your Current Monthly Income	nich the additional information a a presumption of abuse becau	applies. On the top of a use you do not have pri	any additional pages, writi imarily consumer debts o	te your name and or because of
1.	What is your marital and filing status? Check one only	y.			
	Not married. Fill out Column A, lines 2-11.				
	☐ Married and your spouse is filing with you. Fill out		2-11.		
	☐ Married and your spouse is NOT filing with you. Y	•			
	☐ Living in the same household and are not legal	•	•		
	☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading	gally separated under nonbar	nkruptcy law that appl	ies or that you and your	
10 ⁻ the	I in the average monthly income that you received from all s 1(10A). For example, if you are filing on September 15, the 6-mo 6 months, add the income for all 6 months and divide the total b buses own the same rental property, put the income from that pro	onth period would be March 1 thro by 6. Fill in the result. Do not inclu	ugh August 31. If the am de any income amount n	nount of your monthly incom more than once. For examp	ne varied during le, if both
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).	nd commissions (before all	\$	\$	
	Alimony and maintenance payments. Do not include pt Column B is filled in.	,	\$	\$	
	All amounts from any source which are regularly pai of you or your dependents, including child support. I from an unmarried partner, members of your household, and roommates. Include regular contributions from a spo filled in. Do not include payments you listed on line 3.	Include regular contributions your dependents, parents,	\$	\$	
	Net income from operating a business, profession, o				
		Debtor 1			
	Gross receipts (before all deductions)	\$ -\$			
	Ordinary and necessary operating expenses	· —— 。	. \$	\$	
	Net monthly income from a business, profession, or farm Net income from rental and other real property	1\$ copy ficie->	Ψ	Ψ	
6.	Net income from rental and other real property	Debtor 1			
	Gross receipts (before all deductions)	\$			
	Ordinary and necessary operating expenses	-\$			
	Net monthly income from rental or other real property	\$ Copy here ->	·\$	\$	
7.	Interest, dividends, and royalties		\$	\$	

Official Form 122A-1

	btor 1 btor 2	Troy Darwin Ather Tina Marie Ather			Case numbe	er (<i>if known</i>)		
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ For your spouse \$ For your spouse \$ For your spouse \$ Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Do not include any benefits received under the Social Security Act or payments received as within 10 a war orient, a crime against humanity or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. S\$ S\$ Total amounts from separate pages, if any. 1. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 1. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 1. Calculate your current monthly income for the year. Follow these steps: 1. Determine Whether the Means Test Applies to You 2. Calculate your current monthly income for the year. Follow these steps: 1. 2a. Copy your total current monthly income from line 11 Copy line 11 here> \$ \$ \$ 1. Copy line 11 here> \$ \$ 1. Line result is your annual income for this part of the form 1. 2b. \$ 3. Calculate the median family income that applies to you. Follow these steps: Fill in the number of people in your household. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Fill in the incompare? 1. Line 12b is less than or equal to line 13. On the top of page 1, check box 2. The presumption of abuse is determined by Form 122A-2. Go to Part 3. and fill out Form 122A-2. 3. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Trina Marie Ather Tina Mari							Debtor 2	or
the Social Security Act. Instead, list it here: For you	Une	mployment compensation			\$		\$	
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Calculate your current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Calculate your current monthly income from line 11 Copy your total current monthly income from line 11 Copy line 11 here> Lac. Copy your total current monthly income from line 11 Copy line 11 here> Calculate your current monthly income from line 11 Lac. Copy your total current monthly income from line 11 Copy line 11 here> Lac. Copy your total current monthly income from line 11 Copy line 11 here> Calculate the median family income from line 11 Lac. Copy your total current monthly income from line 11 Lac. Copy your total current monthly income that applies to you. Follow these steps: Fill in the median family income that applies to you. Follow these steps: Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Fill in	the S	Social Security Act. Instead, list it here:						
Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. S \$ \$ \$ \$ Total amounts from separate pages, if any. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12b. Calculate the median family income that applies to you. Follow these steps: Fill in the number of people in your household. Fill in the median family income that applies to you. Follow these steps: Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Fill in the state in which you live. Fill in the state in which you live. I how do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Troy Darwin Ather Signature of Debtor 1 Date May 22, 2019 Date May 22, 2019	Pen	sion or retirement income. Do not include any amount	t received that wa	as a	•		•	
Do not include any benefits received under the Social Security Act or payments received as a victim of a war ortime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. S		•	4b		\$		\$	
Total amounts from separate pages, if any. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine Whether the Means Test Applies to You Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12b. The result is your annual income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Fill in the lines compare? 14a.	Do n rece dom	ot include any benefits received under the Social Secur ved as a victim of a war crime, a crime against humanit estic terrorism. If necessary, list other sources on a sep	rity Act or payme ty, or internationa	nts al or				
Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine Whether the Means Test Applies to You Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12c. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. I how do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3. 14b. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Troy Darwin Ather Tina Marie Ather Tina Marie Ather Tina Marie Ather Tina Marie Ather Signature of Debtor 2 Date May 22, 2019 Date May 22, 2019		·			\$		\$	
1. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. S					\$		\$	
the each column. Then add the total for Column A to the total for Column B. Determine Whether the Means Test Applies to You Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12b. The result is your annual income for this part of the form 12b. The result is your annual income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the median family income that applies to you. Follow these steps: Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Fill in the median family income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. 13: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Troy Darwin Ather Troy Darwin Ather Signature of Debtor 2 Date May 22, 2019 Date May 22, 2019		Total amounts from separate pages, if any.		+	\$		\$	
Determine Whether the Means Test Applies to You Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11				\$		+ \$		
Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12b. The result is your annual income for this part of the form 12c. \$. Calc	ulate your current monthly income for the year. Foll	low these steps:					<u>.</u>
12b. The result is your annual income for this part of the form 12b. \$ Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Troy Darwin Ather Troy Darwin Ather Signature of Debtor 1 Date May 22, 2019 Date May 22, 2019 Date May 22, 2019	12a.	Copy your total current monthly income from line 11			Сор	y line 11 h	ere=>	\$
Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Troy Darwin Ather Troy Darwin Ather Signature of Debtor 1 Date May 22, 2019 Date May 22, 2019		Multiply by 12 (the number of months in a year)						x 12
Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. 133 Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Troy Darwin Ather Troy Darwin Ather Signature of Debtor 1 Date May 22, 2019 Date May 22, 2019	12b.	The result is your annual income for this part of the form	m				12	2b. \$
Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. In the 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Troy Darwin Ather Troy Darwin Ather Signature of Debtor 1 Date May 22, 2019 To the Mount of Abuse in the separate instructions in the separate instructions in the separate instructions for the separate instructions for the separate instructions in the separate instructions for the separate instructions in the separate instructions for t	. Calc	ulate the median family income that applies to you.	Follow these ste	ps:				
Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Troy Darwin Ather Troy Darwin Ather Signature of Debtor 1 Date May 22, 2019 Date May 22, 2019	Fill in	the state in which you live.						
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Troy Darwin Ather	Fill in	the number of people in your household.						
14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Troy Darwin Ather Troy Darwin Ather Signature of Debtor 1 Date May 22, 2019 Date May 22, 2019	To fi	nd a list of applicable median income amounts, go onlin	ne using the link s					3. \$
Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Troy Darwin Ather Troy Darwin Ather Signature of Debtor 1 Date May 22, 2019 Date May 22, 2019 A presumption of abuse is determined by Form 122A-2. X /s/ Tina Marie Ather Signature of Debtor 2 Date May 22, 2019	. How	do the lines compare?						
14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Troy Darwin Ather Troy Darwin Ather Signature of Debtor 1 Date May 22, 2019 Date May 22, 2019	14a.	•	e top of page 1, c	heck box	1, There is	no presum _i	otion of abu	ise.
By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Troy Darwin Ather Troy Darwin Ather Signature of Debtor 1 Date May 22, 2019 Signature of Debtor 2 Date May 22, 2019	14b.	☐ Line 12b is more than line 13. On the top of page	ge 1, check box 2	2, The pre	esumption o	f abuse is o	letermined	by Form 122A-2.
By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Troy Darwin Ather Troy Darwin Ather Signature of Debtor 1 Date May 22, 2019 X /s/ Tina Marie Ather Tina Marie Ather Signature of Debtor 2 Date May 22, 2019	: 3:							
X /s/ Troy Darwin Ather Troy Darwin Ather Signature of Debtor 1 Date May 22, 2019 X /s/ Tina Marie Ather Tina Marie Ather Signature of Debtor 2 Date May 22, 2019	. v.		the information of	on this sta	tement and	in any atta	chments is	true and correct
Troy Darwin Ather Signature of Debtor 1 Date May 22, 2019 Tina Marie Ather Signature of Debtor 2 May 22, 2019 Date May 22, 2019						•		
Signature of Debtor 1 Signature of Debtor 2 Date May 22, 2019 Date May 22, 2019	2					er		
Date May 22, 2019 Date May 22, 2019						2		
	Dat			J				
		If you checked line 14b, fill out Form 122A-2 and file it	with this form.					

Fill i	n this info	orma	tion to identify your case:	
Deb	tor 1	Tre	by Darwin Ather	
Deb	tor 2	Tir	na Marie Ather	
	use, if filin		in mario Amor	
Unite	ed States I	3ank	ruptcy Court for the: Middle District of Florida	
Case	e number			☐ Check if this is an amended filing
(if kr	nown)			
Off	icial F	orr	n 122A - 1Supp	
			of Exemption from Presumption of Ak	ouse Under § 707(b)(2) 12/15
			<u> </u>	-
exem	pted fron	n a p	nt together with <i>Chapter 7 Statement of Your Current Monthly Inc</i> resumption of abuse. Be as complete and accurate as possible. If	two married people are filing together, and any of the
			tatement applies to only one of you, the other person should com C. § 707(b)(2)(C).	plete a separate Form 122A-1 If you believe that this is
cqui	ica by 11	0.0.	o. § 101(b)(2)(o).	
Part	1 Ide	entify	the Kind of Debts You Have	
1.	personal,	famil	s primarily consumer debts? Consumer debts are defined in 11 U.S. y, or household purpose." Make sure that your answer is consistent wing for Bankruptcy (Official Form 1).	
			Form 122A-1; on the top of page 1 of that form, check box 1, <i>There is</i> ement with the signed Form 122A-1.	no presumption of abuse, and sign Part 3. Then submit this
	☐ Yes. 0		-	
Part	2: De	term	ine Whether Military Service Provisions Apply to You	
2.	Are you a	dis	abled veteran (as defined in 38 U.S.C. § 3741(1))?	
	□ No. (
		•	ou incur debts mostly while you were on active duty or while you were p	performing a homeland defense activity?
			S.C. § 101(d)(1); 32 U.S.C. § 901(1). Go to line 3.	
			Go to Form 122A-1: on the top of page 1 of that form, check box 1, <i>Th</i>	nere is no presumption of abuse and sign Part 3. Then
	_,	cs.	submit this supplement with the signed Form 122A-1.	ere is no presumption of abuse, and sign rait s. Then
3.	Are you	or ha	ve you been a Reservist or member of the National Guard?	
	□ No.	Com	plete Form 122A-1. Do not submit this supplement.	
	☐ Yes.	Wer	e you called to active duty or did you perform a homeland defense acti	vity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
		lo.	Complete Form 122A-1. Do not submit this supplement.	
	ΠY	es.	Check any one of the following categories that applies:	
			I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.	If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, The Means Test does not apply now, and sign Part 3. Then
			I was called to active duty after September 11, 2001, for at least	submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1
			90 days and was released from active duty on, which is fewer than 540 days before I file this bankruptcy case.	during the exclusion period. The exclusion period means the time you are on active duty or are performing a
			I am performing a homeland defense activity for at least 90 days.	homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).
			I performed a homeland defense activity for at least 90 days,	If your exclusion period ends before your case is closed,
			ending on, which is fewer than 540 days before I file this bankruptcy case.	you may have to file an amended form later.

Official Form 122A-1Supp

Fill in this info	ormation to identify your case:			rected in this form and	in Form
Debtor 1	Troy Darwin Ather		2A-1Supp:		
Debtor 2 (Spouse, if filing)	Tina Marie Ather		■ 1. There is no presu	umption of abuse	
United States	Bankruptcy Court for the: Middle District of F	lorida I	applies will be m	o determine if a presun nade under <i>Chapter 7 I</i>	
Case number	r			cial Form 122A-2).	
(if known)				does not apply now be service but it could ap	
			☐ Check if this is a	n amended filing	
Official I	Form 122A - 1				
Chapte	7 Statement of Your Cur	rent Monthly Inc	ome		12/15
attach a separa case number (i qualifying milit	e and accurate as possible. If two married people a ate sheet to this form. Include the line number to w f known). If you believe that you are exempted fron ary service, complete and file Statement of Exemp	nich the additional information and a presumption of abuse becau	ipplies. On the top of an se you do not have prin	ny additional pages, writ narily consumer debts o	e your name and r because of
1. What is	your marital and filing status? Check one on	y.			
☐ Not ı	married. Fill out Column A, lines 2-11.				
☐ Marr	ied and your spouse is filing with you. Fill ou	t both Columns A and B, lines	2-11.		
☐ Marr	ied and your spouse is NOT filing with you.	ou and your spouse are:			
	ving in the same household and are not legal	•	•		
pe	ving separately or are legally separated. Fill on enalty of perjury that you and your spouse are leaving apart for reasons that do not include evadin	gally separated under nonban	kruptcy law that applie	es or that you and your	
101(10A). F the 6 month	verage monthly income that you received from all some example, if you are filing on September 15, the 6-mm s, add the income for all 6 months and divide the total in the same rental property, put the income from that pr	onth period would be March 1 through 6. Fill in the result. Do not include	ugh August 31. If the amo de any income amount mo	unt of your monthly incomore than once. For examp	ne varied during le, if both
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	oss wages, salary, tips, bonuses, overtime, a deductions).	and commissions (before all	\$	\$	
	y and maintenance payments. Do not include B is filled in.	payments from a spouse if	\$	\$	
of you of from an and room	runts from any source which are regularly pa or your dependents, including child support. unmarried partner, members of your household mmates. Include regular contributions from a spo Do not include payments you listed on line 3.	Include regular contributions your dependents, parents,	\$	\$	
5. Net inco	ome from operating a business, profession,				
0	and the flower all deductions	Debtor 1			
	eceipts (before all deductions)	-\$			
_	y and necessary operating expenses hthly income from a business, profession, or farm	· — .	\$	\$	
	ome from rental and other real property		<u> </u>	·	
0	and the property	Debtor 1			
Gross re	eceipts (before all deductions)	\$			
Ordinary	y and necessary operating expenses	-\$			
Net mor	nthly income from rental or other real property	\$ Copy here ->	\$	\$	
7. Interest	, dividends, and royalties		\$	\$	

Official Form 122A-1

Debtor 1 Debtor 2	Tina Marie Ather			Case number	(if known)	
				Column A Debtor 1	Colum Debto non-fi	
8. U ı	nemployment compensation			\$	\$	0 1
th	o not enter the amount if you contend that the amount e Social Security Act. Instead, list it here: For you \$					
	For you \$ For your spouse \$					
9. P e	ension or retirement income. Do not include any amenefit under the Social Security Act.	ount received that wa	s a	\$	\$	
Do re do	come from all other sources not listed above. Spent on the include any benefits received under the Social Society as a victim of a war crime, a crime against hurture as a victim. If necessary, list other sources on a stall below.	ecurity Act or paymer nanity, or internationa	nts I or			
	•			\$	\$	
				\$	\$	
	Total amounts from separate pages, if any.		+	\$	\$	
	alculate your total current monthly income. Add lin ich column. Then add the total for Column A to the to		\$		+ \$	Total current monthly
Part 2:	Determine Whether the Means Test Applies to	o You				income
12. C a	alculate your current monthly income for the year.	Follow these steps:				
	a. Copy your total current monthly income from line 1	•		Сор	y line 11 here=>	\$
	Multiply by 12 (the number of months in a year)					x 12
12	b. The result is your annual income for this part of the	e form				12b. \$
13. C a	alculate the median family income that applies to	ou. Follow these step	os:			
Fi	I in the state in which you live.					
Fi	I in the number of people in your household.					
To	I in the median family income for your state and size of find a list of applicable median income amounts, go this form. This list may also be available at the bank	online using the link s	pecified	in the separa	ate instructions	13. \$
14. H e	ow do the lines compare?					
14	a. Line 12b is less than or equal to line 13. O Go to Part 3.	n the top of page 1, ch	eck box	1, There is i	no presumption of	abuse.
14	b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	f page 1, check box 2	, The pr	esumption of	abuse is determin	ed by Form 122A-2.
Part 3:	Sign Below					
	By signing here, I declare under penalty of perjury	that the information o	n this st	atement and	in any attachments	s is true and correct.
	X /s/ Troy Darwin Ather	X /	s/ Tina	Marie Ath	er	
	Troy Darwin Ather Signature of Debtor 1	 -	Tina Ma	arie Ather e of Debtor 2		
	Date May 22, 2019 MM / DD / YYYY		May 22 MM / DD	, 2019) / YYYY		-
	If you checked line 14a, do NOT fill out or file Form	n 122A-2.				
	If you checked line 14b, fill out Form 122A-2 and fi	le it with this form				

Official Form 122A-1

Troy Darwin Ather

Filli	in this info	orma	tion to identify your case:						
Deb	tor 1	Tre	by Darwin Ather						
Deb	tor 2	Tir	na Marie Ather						
	ouse, if filin		ia mano Amor						
Unit	ed States	Bank	ruptcy Court for the: Middle District of Florida						
Cas	e number			☐ Check if this is an amended filing					
(if kr	nown)								
Off	icial F	orr	n 122A - 1Supp						
Sta	ateme	nt	of Exemption from Presumption of Al	ouse Under § 707(b)(2) 12/15					
			nt together with Chapter 7 Statement of Your Current Monthly Inco	-					
exem	npted fron	n a p	resumption of abuse. Be as complete and accurate as possible. If	two married people are filing together, and any of the					
			statement applies to only one of you, the other person should con C. § 707(b)(2)(C).	plete a separate Form 122A-1 If you believe that this is					
oqu		0.0.	0. 3 . 0. (0)(-)(0).						
Part	1 Ide	entify	the Kind of Debts You Have						
1.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 1).								
				and a support of the					
			Form 122A-1; on the top of page 1 of that form, check box 1, <i>There is</i> ement with the signed Form 122A-1.	no presumption of abuse, and sign Part 3. Then submit this					
	☐ Yes. (-						
Part	2: De	eterm	ine Whether Military Service Provisions Apply to You						
2.	Are you	a disa	abled veteran (as defined in 38 U.S.C. § 3741(1))?						
		☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).							
			Go to line 3.						
	□ Y	es.	Go to Form 122A-1: on the top of page 1 of that form, check box 1, <i>Ti</i> submit this supplement with the signed Form 122A-1.	nere is no presumption of abuse, and sign Part 3. Then					
3.	Are you	or ha	ve you been a Reservist or member of the National Guard?						
	□ No. Complete Form 122A-1. Do not submit this supplement.								
	☐ Yes.	Wer	e you called to active duty or did you perform a homeland defense acti	vity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).					
		lo.	Complete Form 122A-1. Do not submit this supplement.						
	□Y	es.	Check any one of the following categories that applies:						
			I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.	If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, <i>The Means Test does not apply now</i> , and sign Part 3. Then submit this supplement with the signed Form 122A-1. You					
			I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on, which is fewer than 540 days before I file this bankruptcy case.	are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The <i>exclusion period</i> means the time you are on active duty or are performing a					
			I am performing a homeland defense activity for at least 90 days.	homeland defense activity, and for 540 days afterward, 11					
			I performed a homeland defense activity for at least 90 days,						
			ending on, which is fewer than 540 days before I file this bankruptcy case.	If your exclusion period ends before your case is closed, you may have to file an amended form later.					

Official Form 122A-1Supp

United States Bankruptcy Court Middle District of Florida

In re	Tina Marie Ather		Case No.	
		Debtor(s)	Chapter	7
	VE	RIFICATION OF CREDITOR N	MATRIX	
The ab	ove-named Debtors hereby verif	Ty that the attached list of creditors is true and cor	rect to the best	of their knowledge.
Date:	May 22, 2019	/s/ Troy Darwin Ather		
		Troy Darwin Ather		
		Signature of Debtor		
Date:	May 22, 2019	/s/ Tina Marie Ather		
		Tina Marie Ather		

Signature of Debtor

Troy Darwin Ather

Troy Darwin Ather 1101 S. Black Acre Court Winter Springs, FL 32708 BB&T Attn: Bankruptcy Dept PO Box 1847 Wilson, NC 27894 Seminole County Tax Coll. Attn: Ray Valdes PO Box 630 Sanford, FL 32772-0630

Tina Marie Ather 1101 S. Black Acre Court Winter Springs, FL 32708

Cintas 4392 34th Street Orlando, FL 32811 Sheridan Radiology Svcs CFL PO Box 3380 Indianapolis, IN 46206

David R. McFarlin Fisher Rushmer, P.A. 390 North Orange Avenue Suite 2200 Orlando, FL 32801-1642 Fairwinds Credit Union 1475 Tuskawilla Road Winter Springs, FL 32708 Sprint PO Box 4191 Carol Stream, IL 60197-4191

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 Fairwinds Credit Union Attention: Bankruptcy 3075 N. Alafaya Trail Orlando, FL 32826 Stearns Bank, NA 4191 2nd Street South Saint Cloud, MN 56301

Florida Dept. of Revenue Bankruptcy Unit PO Box 6668 Tallahassee, FL 32314-6668 Insight Credit Union PO Box 4900 Orlando, FL 32802-4900 Submerge Subs, Inc 3607 Aloma Avenue #1071 Oviedo, FL 32765

Aloma Bailes, LLC 5555 S Kirkman Rd, Suite 201 Orlando, FL 32819 J S Subs, LLC 2121 Vista Parkway West Palm Beach, FL 33411

Sysco 1999 Martin Luther King Blvd West Palm Beach, FL 33404

Alpha One Security Solutions 7925 NW 12th Street Suite 325 Miami, FL 33126 JAX Emergency Physicians LLC PO Box 80156 Philadelphia, PA 19101-1156 United Franchise Group 2121 Vista Parkway West Palm Beach, FL 33411

American Express 220 Vesey Street New York, NY 10080 Oviedo Medical Center Attn: Patient Accounts PO Box 740771 Cincinnati, OH 45274-0771 Wells Fargo 5600 Red Bug Lake Rd Winter Springs, FL 32708

BB&T MSCR Dept PO Box 33007 Horatio, SC 29062

Rockbot Inc 1308 Broadway Oakland, CA 94612

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA ORLANDO DIVISION

www.flmb.uscourts.gov

In re:	Case No.: 6:19-bk- Chapter 7
Troy Darwin Ather	Chapter /
Tina Marie Ather,	
SSN: xxx-xx-0466	
SSN: xxx-xx-7709	
Debtors.	
	/

STATEMENT OF COMPENSATION UNDER 11 U.S.C. §329 AND F.R.B.P. 2016(b)

Fisher Rushmer, P.A. ("Fisher") makes this statement pursuant to 11 U.S.C. §329 and F.R.B.P. 2016(b):

- 1. <u>Compensation Paid or Agreed to be Paid</u>. After one year before the date of the filing of the petition in this case, compensation was paid or agreed to be paid to Fisher for services rendered or to be rendered by Fisher in contemplation of or in connection with this case as follows:
 - a. \$4,500.00 was paid for the Chapter 7 services, including costs;
- b. fees for services other than Chapter 7 services are to be computed on the basis of time expended charged at the prevailing hourly rates for Fisher.
- 2. <u>Source of Compensation</u>. The source of the foregoing compensation is Submerge Subs, Inc.

3. <u>Sharing</u>. Fisher has not shared or agreed to share the compensation with any entity other than with members and regular associates of Fisher.

Dated: May 22, 2019.

/s/ David R. McFarlin

David R. McFarlin
Florida Bar No. 328855
Fisher Rushmer, P.A.
390 N. Orange Avenue, Suite 2200
Post Office Box 3753
Orlando, FL 32801
Telephone (407) 843-2111
Facsimile (407) 422-1080
dmcfarlin@fisherlawfirm.com
Attorneys for Debtors